This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

LANE MEDICAL LIBRARY STANFORD
L306 .N27 1916 STOR
Working men's organizations in local ant
24503318237

No. 105

RKING MEN'S ORGANIZATIONS IN OCAL ANTI-TUBERCULOSIS CAMPAIGNS

BY

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

LANE MEDICAL LIBRARY
STANFORD UNIVERSITY
MEDICAL CENTER
STANFORD, CALIF. 94305

105 East 22nd Street,
NEW YORK
May, 1916

L306
N27
1916

LANE

MEDICAL LIBRARY

GIFT OF
DR. OPHULS.

Gaylord Bros.
Makers
Syracuse, N. Y.
PAT. MAR. 21, 1906

WORKING MEN'S ORGANIZATIONS
IN
LOCAL ANTI-TUBERCULOSIS CAMPAIGNS

BY

THE NATIONAL ASSOCIATION FOR THE STUDY
AND PREVENTION OF TUBERCULOSIS

LANE MEDICAL LIBRARY
STANFORD UNIVERSITY
MEDICAL CENTER
STANFORD, CALIF. 94305

105 East 22nd Street,
NEW YORK
May, 1916

B

306
U27
1916

Preface

THE study of Working Men's Organizations in Local Anti-Tuberculosis Campaigns contained in the following pages was prepared jointly by Dixon Van Blarcom, former Field Secretary, Frederick D. Hopkins, Field Secretary, and Philip P. Jacobs, Assistant Secretary of The National Association for the Study and Prevention of Tuberculosis.

The study does not pretend to be a catalogue of all of the many ways in which working men have helped in the prevention of tuberculosis. Its object is rather to select certain typical forms of work which can be adapted or offered as suggestions to communities anywhere in the United States. Where one of the forms of organizations might not fit in a certain community, it is hoped that another might be applicable.

The National Association feels that the great forces of organized and unorganized labor are not doing their share in the anti-tuberculosis campaign, simply because they lack leadership and suggestions as to methods of procedure. This study aims to supply these needs, and it is with a sincere hope that it will stimulate such new activities among working men that it is issued.

The study has been submitted to the Labor Committee of The National Association for the Study and Prevention of Tuberculosis, consisting of Dr. Theodore B. Sachs, chairman,* Samuel Gompers, George W. Perkins, John Mitchell, Austin B. Garrison, Dr. William Charles White, and Dr. David R. Lyman.

CHARLES J. HATFIELD,
Executive Secretary.

* Deceased.

9399

LANE MEDICAL LIBRARY
STANFORD UNIVERSITY
MEDICAL CENTER
STANFORD, CALIF. 94305

Table of Contents

CHAPTER PAGE

INTRODUCTION 7

Value of Local Organizations—Importance of Conserving Employees' Health (7)—Industry Interested in Tuberculosis—A Disease of All Occupations (8)—Some of the Interrelated Problems—Results of Medical Examinations (9)—Insurance Against Sickness—Connecticut Plan Compared with German System—Problem of the Tuberculous Employee—Result of Inadequate Care (10)—How the Free Bed Fund Helps—Scope of this Study (11).

I. TUBERCULOSIS FREE BED FUNDS 12

Historical Survey—*The Hartford Plan*—A Plan Proposed (12)—Defects Discovered—A New Plan (13)—Amount of Money Raised (14)—Work Accomplished in 1908—Increased Number of Cases Treated—Emergency Fund—Units Differ in Administrative Details (15)—How Funds are Administered (16)—*The Cheney Brothers Unit*—Method of Raising Money (17)—Persons Eligible for Assistance—Benefit Society Also Furnishes Relief—Number Treated and Cost—*The New Haven Plan* (18)—History of Organization—Form of Organization—Plan of Administration (19)—Committee in Each Factory—Field Secretary Employed—Co-operation with Nursing Association (20)—Value of Work Expressed by Employees—Financial Statement (21)—*The Meriden Plan*—Central Labor Union Originates Movement (22)—Need for Hospitals Recognized—Amount of Funds Collected—Broad Plan of Relief Work (23)—Visiting Nurse Employed—Cost of Sanatorium Care (24)—*Summary of the Three Plans*—Points of Difference and Similarity—Points of Weakness (25)—The Worker and the State (26)—Interest Necessary for Success of Plan (27).

II. EMPLOYERS' RELIEF FOR WORKING MEN 28

History of Movement—The "Overlock Movement" Investigated (28)—Attitude of Employers (29)—Movement Loses Force (31).

III. LABOR UNION SANATORIUMS 32

The Albany Plan—Labor Unions Become Interested (32)—Money for the Pavilion Raised (33)—Treatment of Patients Begun—Cost of Maintenance—Methods of Raising Money (34)—Pavilion Not Restricted to Members—*The Brooklyn Plan* (35)—*Summary* (36).

IV. WORKING MEN'S ANTI-TUBERCULOSIS ASSOCIATIONS 37

The Buffalo Section—Purpose and Plans (37)—Work Accomplished (38)—*The Newark Association*—Relief Work (39)—Finances (40)—*Summary* (41).

V. SUGGESTIONS AND SUMMARY 42

The Ideal Plan—Alternative Plans (42)—Organization—Collection of Funds (43)—Discovery of Early Cases of Tuberculosis (44)—Relief Work (45)—Educational Work—Statistics (46)—Legislative Work—Conclusion (47).

APPENDIX 49

Table II: Tuberculosis Free Bed Fund Association of Cheney Brothers of Manchester (49)—Table III: Employees Tuberculosis Relief Association of New Haven, Conn., Showing Amounts Contributed and Work Done from June 28, 1912, to December 31, 1914—Table IV: Meriden Public Health Association—Table VI: Treasurer's Report, Meriden Public Health Association (50)—Table VII: Central Federation of Labor—Tuberculosis Pavilion, Albany (51)—Collection Form Used by Tuberculosis Free Bed Fund Association of Cheney Brothers (52)—Form Used by Tuberculosis Free Bed Fund Association of Cheney Brothers in sending patient to physician for examination (53)—Form Used by Committee on Care of the Sick of the Buffalo Trades Union Section (54)—Form Used by Committee on Hygiene and Sanitation of the Buffalo Trades Union Section (55)—By-Laws of the Tuberculosis Free Bed Fund Association of Cheney Brothers of Manchester (56)—Constitution and By-Laws of the Employees Tuberculosis Relief Association of New Haven, Conn. (58)—Constitution of Public Health Association of Meriden, Inc. (59)—Constitution of the Trades Union Section of the Buffalo Association for the Relief and Control of Tuberculosis—Constitution of the Trades Union Anti-Tuberculosis Association of Newark and Vicinity (66)—Outline of a Model Health Insurance Bill (63).

WORKING MEN'S ORGANIZATIONS IN LOCAL ANTI-TUBERCULOSIS CAMPAIGNS

Introduction

This study is designed to present information regarding some of the types of organizations that have been formed by groups of employers and employees to participate in the anti-tuberculosis campaign. The National Association for the Study and Prevention of Tuberculosis has collected the data in the hope that it may prove useful in securing further co-operation of a similar nature from those engaged in industrial enterprises.

Value of Local Organizations.

The study of such organizations as are described in this pamphlet was not undertaken, it should be explained, without an appreciation of their relative value to the general campaign for improving the health of working men. This pamphlet does not pretend to be a complete catalogue of such activities; nor is it issued in the belief that organizations, which furnish relief for those already tuberculous, will be the means of eliminating tuberculosis from those who labor in factories, stores and offices. The problem is vastly broader than this and involves a multiplicity of factors which must be considered in its solution. It is evident, on the other hand, that many of these local, factory associations are of value in their co-operation with the anti-tuberculosis campaign of their communities. Although most of them were formed only for the purpose of caring for fellow workers found to be tuberculous, there is no doubt that the educational influence of their work is considerable, and thus indirectly they are a force for the prevention of tuberculosis in the entire community.

Importance of Conserving Employees' Health.

It may be well, therefore, before taking up the details of the history and methods of these associations, to consider briefly some of the broader

phases of the campaign for conserving the health of employees, and to relate the specific study of these pages to them.

The growing appreciation of the important relation which health bears to industrial efficiency has caused an increasing number, both of employers and employees, to interest themselves in campaigns against sickness. These campaigns include not only those diseases known as industrial diseases, but all forms of illness which prevent the worker from giving full time and energy to the work at hand. There is no doubt that among the latter class, the prevention and treatment of tuberculosis is one of the leading health problems that industry has to face.

Industry Interested in Tuberculosis.

Although tuberculosis may not, in the strict sense, be called an industrial disease, it is particularly prevalent among persons of working age; it bears a close relation to certain industrial processes; it can be communicated from one worker to another; and, if not arrested, it incapacitates its victims, sometimes robbing them of life and often leaving their families dependent on the community. Industry, therefore, is interested in the anti-tuberculosis campaign for humane reasons and also because it accounts for a great economic loss to it and the community.

A Disease of All Occupations.

Tuberculosis is not an occupational disease, but a disease of all occupations. The assistance given both by labor and capital in the warfare against it is not restricted to certain peculiarly dangerous industries, but is widely distributed among a variety of them. Among workers of certain trades, such as stone-cutters, cigarmakers, plasterers, printers, servants, hat and cap makers, etc., the death rate appears to be abnormally high, but it has not been proven that these occupations themselves are responsible, although the conditions under which the employees work may be contributing factors. This is well illustrated by the following quotations from a study on "The Health Aspects of the Clothing Industry," by Dr. H. R. M. Landis and Miss Janice S. Reed of the Henry Phipps Institute, Philadelphia:

"Many employments predispose to ill health, the pathological results being shown in a higher morbidity from general diseases (as distinct from occupational diseases) particularly tuberculosis.* * * The mere presence of an individual in a particular occupation, and the facts relating to his physical conditions as revealed by a careful medical examination, are not conclusive proof of the influence of that occupation upon the physique, even though all other conditions surrounding the worker remain the same. * * * We would like to call your attention to the necessity in the study of any occupation, of taking into consideration all the factors which may lead to the deterioration of the individual's health. In some cases, as, for instance, exposure to lead and phosphorus, there can be no question as to the direct relationship which exists between cause and effect. On the other hand, there are many employments which are credited with being bad, but which in reality are not, much of the evil that is associated with them being the result of contributing factors which are not directly connected with the work itself."*

*"The Health Aspects of the Clothing Industry," by H. R. M. Landis, M.D., and Janice S. Reed, Transactions of Tenth Annual Meeting, National Association for the Study and Prevention of Tuberculosis, pp. 322, 323, 326.

Some of the Interrelated Problems.

Some of the factors considered in making this study of the clothing industry in Philadelphia were the hygienic condition of the working place; the amount of dust present; ventilation, sanitation, home hygiene, wages, racial characteristics, the relation of a secondary employment to ill health, physical fatigue, and poor food. This list presents some of the factors which must be studied and related one to another in any campaign for the eradication of tuberculosis from industry and at the same time illustrates the complexity of the entire problem.

The very fact that tuberculosis among the working men and women of the country is so closely related with innumerable factors that enter into one's living and working conditions, makes the present-day movement for periodic medical examination of employees all the more significant, since by this means chiefly will these contributing causes of tuberculous breakdown be discovered.

The aim of such examination has well been stated by Dr. Theodore B. Sachs, President of the National Association for the Study and Prevention of Tuberculosis, as follows: "Early detection of illness, while the employee is still at work; detection at a time when full restoration of health is feasible; protection of employees from undetected foci of infection in their midst."*

Results of Medical Examinations.

The number of factories and stores that are requiring a thorough physical examination of all employees at periodic intervals is increasing with great rapidity. The first examination is usually made at the time a worker is employed, and re-examinations follow at intervals of six months or a year. The result of several years of work has been shown by Dr. Harry E. Mock, who made a study of the systems used in a number of Chicago industries. "When an industry adopts this system of examination," he says, "the number of employees found suffering from incipient disease will be appalling. For in the first year or two the ratio of those found diseased increased directly with the number of examinations. After four or five years, however, the number of diseased employees in the working force will be very small compared with the number of applicants and six-months' employees found."† He shows also that in one concern, although the number of employees increased from 7,800 in 1909 to 11,600 in 1913, and the percentage of employees examined was greatly increased, the percentage of deaths among those found to be tuberculous decreased from eleven to one during this period. This indicates the value of a periodic examination discovering tuberculosis in the incipiency, when the conditions for successful treatment are advantageous.

* "The Campaign in Chicago for Medical Examination of Employees," by Theodore B. Sachs, M.D., Transactions of Tenth Annual Meeting of the National Association for the Study and Prevention of Tuberculosis, page 37.

† "An Efficient System of Medical Examination of Employees," by Harry E. Mock, M.D., Transactions, Tenth Annual Meeting, National Association for the Study and Prevention of Tuberculosis, page 43.

Insurance Against Sickness.

From the preceding paragraphs, it will be noted that there is a widespread and growing voluntary participation both of employers of labor and of employees in an endeavor to control tuberculosis in industry. The question naturally arises as to whether this voluntary unstandardized effort should not be made universal, and compulsory, and whether the state should not be asked also to assume its rightful social responsibility to the worker and his chief, thereby giving assurance to all working men and women of adequate protection against disease. In other words, does not the present development of co-operative endeavor in health protection lead to the inevitable solution, Insurance Against Sickness, of all workers, rich and poor?

Connecticut Plan Compared with German System.

That some of the existing experiments to be described in succeeding pages closely approach to sickness insurance as practiced in Germany, is indicated by a comparison of the Connecticut working men's funds (see Chapter I), with European experience. Such comparison shows many points of similarity. In Connecticut, for example, there are four state tuberculosis hospitals to which most of the patients entitled to the benefits of the various funds are sent. While state law estimates the weekly per capita cost to be at least $10, and it is expected that those able to pay full rates will do so, the minimum charge of $4 is the amount generally paid by every one, the state making up the deficit. Consequently, when any of the working men's free bed funds pay $4 for the care of fellow-workers, the employer, the employees and the state are all contributing toward his maintenance, as will be shown in succeeding pages. Similarly, contributions to the state system for old age and invalidity insurance in Germany provide a fund composed of an equal amount given by the employers and employees, together with a state subsidy.

Problem of the Tuberculous Employee.

What is the real problem that confronts a wage-earner and his employer in this country when the former contracts tuberculosis? Take, for example, the case of a worker who has a wife and three children. He has had steady employment at a wage sufficient to support his family and in addition to lay aside a small sum against the proverbial "rainy day." The "rainy day" comes; he contracts tuberculosis; the family is face to face with a crisis. What happens?

Result of Inadequate Care.

One possible result, about the worst picture that can be drawn, may be this: The wage earner, thinking of the smallness of his savings, and not knowing where to go for help, decides that it is necessary to continue his work in order to support his family. He gradually becomes weaker until he is obliged to stop working, but probably not before he has en-

dangered the health of some of his fellows. He reluctantly consents to go to a sanatorium, and his savings pay for treatment for a short time, but not for a period long enough to secure an arrest of the disease. He returns home and is forced to seek employment again at greatly reduced earning capacity, while his waning strength fails the more rapidly. The end comes all too soon. Then the wife takes up the burden of supporting the three children, but finds the task too great. The children are sent away to an orphan asylum. The final outcome shows that the wage earner has been taken during the prime of life; mother and children have lost the support which he should have given them; the mother has lost her children and they in turn are deprived of the parental care so necessary for their proper development.

How the Free Bed Fund Helps.

Let us contrast this picture with a probable alternative. We will assume that the wage earner is a member of a free-bed fund for tuberculous employees in a Connecticut city. He has contributed to the fund; he has read some of the association's literature regarding the nature of the disease. At the first sign of a cough he is given a physical examination which confirms his fears. Immediately he is sent to a sanatorium, where his maintenance is paid by the free-bed fund until he is well. In the mean time the payments from a sick benefit society and a part of the savings in the bank have provided for the mother and the three children until the father is able to return to work. In view of the fact that this is not a fanciful picture and that this result is being accomplished by many of the relief associations for tuberculous employees, in Connecticut and elsewhere, their methods of work merit attention and discussion.

Scope of this Study.

This pamphlet will endeavor to show, therefore, some of the principal local experiments in the care and education of the tuberculous that have resulted in various forms of co-operation between employer and employees, on the one hand, and the anti-tuberculosis agencies of the community on the other. Such experiments as those in Hartford, New Haven, Meriden, Worcester, Albany, Brooklyn, Buffalo and Newark will be described in more or less detail. The splendid anti-tuberculosis work of such large international labor unions as the printers, printing pressmen, photo-engravers, cigarmakers, potters and others, is not overlooked. This study, however, will deal more with restricted, local movements, some of them under the direction of labor unions and some of them not under union auspices. The work of the large number of benefit associations in supplying industrial insurance and in co-operating in local anti-tuberculosis campaigns has not been overlooked, but emphasis is laid in these pages rather upon the specialized agencies which have been brought into being by or for working men with tuberculosis as their direct object of attack.

CHAPTER I

Tuberculosis Free Bed Funds

The working men's free tuberculosis bed funds of a number of Connecticut and Massachusetts cities are so unique in character and achievement that their development, method of organization and work, and points of similarity and difference deserve special consideration. At the present time there are a considerable number of these organizations in New England, but their work is little known outside of a comparatively restricted circle. With the definite aim of helping other communities to give careful consideration to similar plans, the funds in Hartford, where the movement originated, South Manchester, New Haven and Meriden, will be considered in detail in this chapter.

Historical Survey.

In 1905 Mr. John F. Gunshanan, who was greatly interested in the Working Men's Free Reading Room Association of Hartford, Ct., discovered that Wildwood Sanatorium, the tuberculosis division of the Hartford Hospital, had been closed because of lack of funds. At a meeting of the association held in June, 1905, plans were formulated for the raising of funds, not only to open the sanatorium but to help maintain it. A general collection, amounting to about $7,500, was taken up among local insurance companies, manufacturers, mercantile houses, and interested individuals, but by far the greatest number of contributors were the employees of the various industrial concerns. This sum was used to provide free beds at the sanatorium. An additional $4,000 was raised to reopen the institution.

THE HARTFORD PLAN

A Plan Proposed.

In October of the same year a mass meeting was called, to form an organization to administer these funds which up to this time had been held by the Hartford *Times*. One delegate to the meeting was requested from each factory or organization of any kind which has contributed $50 or less; for each additional $50 or part thereof, one additional delegate was permitted. By invitation, several executive heads of insurance companies, factory managers and other employers of labor, were represented. The plan outlined by this conference was as follows:

1. The factory delegates from each of the ten wards of the city were to meet separately and elect three of their number to serve as a relief committee of their ward.

2. Provision was made to pay $7 a week for the support in a sanatorium of any deserving person in Hartford who had tuberculosis, the deficit in the cost of maintenance to be made up by the institution.

3. The relief given from the fund was not to be restricted to working men but was to include any deserving person, man, woman or child in the city who was in need of assistance because of tuberculosis.

4. Application for help from the fund was to be made to the relief committee of the ward in which the patient lived.

Defects Discovered.

Two defects in the plan soon made themselves apparent when it was put into operation:

(1). A number of patients succeeded in availing themselves of the use of the fund who had no rightful claim upon it; and (2) it required about $15,000 a year to take care of the patients who applied for assistance, and the raising of this amount of money was found to be too great a burden.

A New Plan.

In 1907 it became apparent that sounder basis of financing the work was necessary, and to Mr. Frank W. Cheney, head of Cheney Brothers, large silk manufacturers of South Manchester, a suburb of Hartford, belongs the credit for the plan of operation which was later put into effect. The following letter of January 4, 1907, from Mr. Cheney to Mr. Gunshanan outlines his plan, and is, besides, of considerable historic interest:

"DEAR SIR:

"It has occurred to me since writing you yesterday, that some co-operation on the part of the wage earners and their employers might be brought about for the benefit of the Cedar Mountain Tubercular Hospital (Wildwood Sanatoriun), which will do good all around and serve the interests of all the parties concerned.

"If you succeed in getting contributions to the amount of $8,000, the sum you name from the wage earners, it seems to me right and proper that their employers should contribute an equal sum for the support of the Hospital. This would be a good, healthy way to work together and would bring about a habit of co-operation between the workmen and their employers, which is much to be desired.

"I have faith that the employers will be willing to give the plan favorable consideration, and will contribute their share for this good work, which may lead to sharing other things as they come along.

"I talked with Mr. Clark, Mr. Dunham, and Mayor Henney this morning about this suggestion and it struck them favorably.

"Yours very truly,
(Signed) FRANK W. CHENEY."

As a result of this suggestion by Mr. Cheney, in January, 1908, a meeting of prominent employers of labor in Hartford was called to discuss the plan. These employers unanimously agreed that the firms which they represented would contribute sums equal to the amounts raised by their own employees. Instead of the former plan of a general central com-

mittee to administer the funds from all establishments, upon recommendation of the various ward committees, it was decided to institute the unit plan, whereby each concern with 500 or more employees was to be a unit in itself, having its own organization and handling its own funds separately. Concerns employing less than 500 were to unite, two or more together, in order to have approximately 500 in the unit.

An executive committee, made up of the chairman of all the units, was to decide special cases, and act as a guide to the several units. It has been found, however, that this executive committee has practically nothing to do, as each unit works by itself satisfactorily.

The following two sections of the Unit By-Laws of the Central Committee give in a few words the purpose of the funds:

"That there may be no discrimination, it is hereby established that the weekly aid to any person from the funds of the Unit shall not exceed $6.*

"As the purpose of this Organization is the prevention of the spread of Tuberculosis as well as to aid fellow-workers, it is hereby established that no aid shall be extended unless the patient is under strict medical care, preferably in a sanatorium."

Amount of Money Raised.

Collections were taken up early in 1908 in about thirty concerns. A total of $4,007.73 was subscribed by the employees and $3,745.00 was contributed by the employers, making a total of $7,752.73 for all of the different units. Below is given a table showing the amounts contributed by both groups in certain establishments where figures are available:

TABLE I

SHOWING AMOUNTS CONTRIBUTED BY TWENTY ESTABLISHMENTS AT THE FIRST COLLECTION

Firm	*Employees*	*Employers*	*Total*
1	$131.50	$131.50	$263.00
2	198.78	.....	198.78
3	309.20	309.20	618.40
4	405.56	405.56	811.12
5	55.50	50.00	105.50
6	30.50	31.00	61.50
7	65.00	65.00	130.00
8	8.00	8.00	16.00
9	2.70	2.70	5.40
10	103.25	103.25	206.50
11	150.55	150.55	301.10
12	100.00	100.00	200.00
13	36.00	36.00	72.00
14	74.50	74.50	149.00
15	13.25	13.25	26.50
16	2,117.99	2,059.04	4,177.03
17	88.85	88.85	177.70
18	26.00	26.00	52.00
19	46.50	46.50	93.00
20	44.10	44.10	88.20
Total	$4,007.73	$3,745.00	$7,752.73

*It should be noted, however, that some of the units give $7 a week.

Work Accomplished in 1908.

The chairman of the central committee reported at the quarterly meeting held November 1, 1908, that there were forty-two units organized in Hartford County with over $9,000 in their several treasuries. Thirty-two cases had been cared for since January 1, of which four had died, six had been discharged with the disease arrested or cured, and twenty-one were still under treatment, nineteen in the sanatorium and two at home.

In 1910 a questionnaire was sent by the Executive Committee to the concerns which had adopted the unit plan with the idea of finding out how it was working. The following extract from the secretary's report gives the net results of the plan in operation up to June 26, 1910..

Increased Number of Cases Treated.

Thirty-eight manufacturers and merchants had established units, some of those originally established having been discontinued. These had each raised a fund and had agreed to pay for patients coming under their charge, beginning January 1, 1908. "From January 1, 1908 to June 26, 1910, nine (9) units have cared for seventy-four (74) patients, at a cost of $7,787.86. The Funds of the remaining twenty-three units remain intact." The total amount subscribed from April 15, 1908, to June 26, 1910, was $11,896.70. The total amount distributed to seventy-four patients by nine units was $7,787.86. The total amount on hand, June 26, 1909 in thirty-two units was $4,107.84.

The following figures showing the results of treatment are of value:

No. patients	treated	from Jan. 1, 1909, to June 26, 1910	74
" "	died	" " " " " " " "	24
" "	discharged	" " " " " " " "	27
" "	receiving treatment	June 26, 1910	23

Emergency Fund.

When the unit plan was organized it was felt that there should be an emergency fund to handle particular cases and possibly to come to the assistance of concerns which were overburdened. A collection was taken up among employees of banks, insurance companies, and business houses and $474 was collected. In this instance the employers did not contribute a like amount. During the seven years which this fund has been available four patients have been assisted. At present there seems to be no need for this fund.

Units Differ in Administrative Details.

The different units are not identical in the working of all details. For instance, in some large concerns the executive committee of the Free Bed Fund is elected by the employees. The employers, preferring to leave the entire management in the hands of the employees, do not interfere with the working of it, except to meet any contributions made by the working men. In other concerns the entire executive committee is appointed by

the employers. Any tuberculuos dependent of an employee is sent to a sanatorium by some of the units on the same basis as the employee himself. This relief is extended to dependents as a matter of prevention, for it is believed that the worker and other members of the household are less liable to infection if the afflicted person is cared for in a sanatorium. Most of the units feel that in order to receive the assistance of the fund it is necessary for the recipient to take treatment in a hospital or sanatorium, but on occasions assistance is given to a patient under medical supervision at home.

How Funds are Administered.

Additional information regarding methods of administration was obtained from a second questionnaire which was sent to twenty-seven concerns in January, 1915. Replies were received from only seventeen companies, but the answers to the questions are sufficient in number to show somewhat in detail how the funds are managed by the employees of the different firms.

In the selection of officers, four were elected by employees; three by "members"; five were appointed by employers, and one had no election.

In answer to the question "How much is paid per week for the maintenance of an employee in a sanatorium, "six units pay $4; one pays $6; five pay $7 and one reported "none cared for."

As to financial aid given to the family and dependents of a tuberculous employee while he is in a sanatorium, four reported that they gave such aid; seven did not; two had no occasion to use funds this way.

Each unit was asked if it knew of any instance where an employee secured work for the express purpose of availing himself of the benefits of the fund. Twelve reported that they knew of no such instance, and one said he had "no proof of any." Ten reported that they made no provision specifying length of time an employee must be with the company before he is eligible to the benefits of the fund. One unit required a period of six months and one a term of ninety days.

Aid was given to patients under a physician's care at home by four units. One said it would if necessary, one found no occasion for such aid, one reported "not generally," and four answered unqualifiedly that no assistance was given.

In ten units a patient is free to choose his institution; in two he is not.

Eight units report help given to a tuberculous wife, child or other immediate dependent; two found no occasion for extending such aid; one unit answered that aid was never provided in the home; two stated that no aid was given.

Only two units reported that patients had refused aid from the fund; ten had never had a refusal.

The funds for thirteen units are raised by subscription; for one unit the funds are deducted from the employees' pay. In nine units funds are

raised as needed; three reported, "only one subscription taken"; one reported subscription "taken when funds get down to $1,000."

Only four units stated that a member of the firm was on the executive committee. Eight reported that the committee was composed entirely of employees.

Nine units have a sick benefit society in addition to the tuberculosis free-bed fund. Five have no other society.

Three units work under a constitution and one under by-laws in addition to the "unit by-laws" to which all units agree. Eleven units reported that they had neither constitution nor by-laws.

THE CHENEY BROTHERS UNIT

The preceding section has given a brief historical sketch of the development of the unit plan in Hartford County. A detailed study of one of the individual units will help to show the more exact nature of organization, methods and work. For this purpose the Tuberculosis Free Bed Association Fund of Cheney Brothers, silk manufacturers in South Manchester, has been selected because in it are exemplified to the best advantage Mr. Cheney's original ideas.

The Constitution of the Association (see Appendix p. 56) provides that its purpose is to prevent tuberculosis and to treat those afflicted with the disease. The chief executive is the chairman, who with the executive committee, all elected by the association, practically controls its workings. Each case is carefully investigated and reported upon before relief is given, the amount to be determined upon by the committee, but not to exceed $6, exclusive of the aid given to the patient's family.

A new provision of the by-laws, not included in the Constitution of 1908, makes it practically mandatory for a patient who is accepted to be under treatment in a sanatorium in order to receive assistance. It stipulates that the benefits shall cease when a patient leaves the sanatorium unless he has been permitted to leave by and with the consent of the superintendent of the institution, and continues under medical supervision at home.

Any person who has been an employee of the mills for ninety days may receive the benefits of the fund whether he has contributed or not. To the present date there has been no trouble experienced by patients seeking employment for the purpose of availing themselves of the benefits of the fund.

Method of Raising Money.

There is no tax nor assessment to the fund, "each person giving whatever he may feel able."* A collection is taken up when the funds in the treasury get as low as $1,000. This usually occurs once a year, but in 1912 and 1914 no collection was necessary. In taking the collections each em-

*See Article IV, Section 2 of By-Laws.

ployee is given a card (see Appendix) by a designated collector, on which the amount of money he is willing to contribute may be indicated. This money is later collected, but is not taken from the pay-envelopes. (For the benefit of those who may wish to adopt this plan, a reproduction of the card and other forms are given in the Appendix.) Cheney Brothers agree in the by-laws to pay to the treasurer an amount equal to that contributed by their employees.

Persons Eligible for Assistance.

The association furnishes assistance to the needy family, "father, mother, husband, wife, brother, sister, or child," of an employee who is in a sanatorium, in addition to the $6 a week provided for the patient's care, the exact amount depending upon circumstances and the discretion of the officers.* No limit is placed upon the length of time during which a patient may receive aid from the association, nor upon all of the purposes for which the fund may be used. Before a local board of health was properly organized in Manchester, the Free Bed Fund Association went so far as to fumigate the premises after death or removal of a patient. During 1913–14, $60 was expended for this purpose.

Benefit Society Also Furnishes Relief.

Besides the Free Bed Fund Association, the employees of Cheney Brothers have a sick benefit society that pays from $2.50 to $5 a week to a sick member. About two and one-half cents a month on each dollar of salary received by an employee is the cost of membership, this amount being taken regularly from the pay envelope, although membership is not compulsory. An employee affected with tuberculosis may receive benefits from both funds.

Number Treated and Cost.

Table II (See Appendix) gives the actual figures covering the activity of this association for the seven years from 1908 to 1914 inclusive; $10,948.87 has been contributed, $5,579.00 by the employees, and $4,369.87 by the employers. Ninety-eight patients have been cared for during the seven years at an expense of $8,984.74, or an average of 14 patients each year at a yearly expense of $1,283.53. The average expenditure per patient amounted to $91.68, which would indicate, at the rate of $4 a week per patient, that each patient was cared for on an average of 23 weeks. These averages should be corrected by deducting the amount expended for examinations and the comparatively small amount expended for the relief of needy families of patients.

THE NEW HAVEN PLAN

The success of the Unit Free Bed Fund plan in Hartford has led to the organization of movements of a similar character in other Connecticut cities

* See Article V, Section 2 By-Laws.

and later in Massachusetts. A study of these organizations in other cities shows considerable variation from Hartford's Unit system, as is well illustrated in the case of the Employees' Tuberculosis Relief Association of New Haven.

According to the 1910 Federal census, New Haven, Conn., is a city of 133,605 population, composed as follows: 28.2 percent native parentage, 37 percent foreign or mixed parentage, 32 percent foreign-born whites, and the remaining 2.8 percent negroes, Chinese, etc. It is the largest city in the state, and is a manufacturing center chiefly for standard goods.

History of Organization.

The Employees' Tuberculosis Relief Association of New Haven was formed in 1912 and is composed of the employees of a number of different concerns in the city. Preliminary efforts in 1908 to form an organization of this kind failed. In 1912 the Chamber of Commerce took up the matter and invited 175 firms to send one delegate from their employees. About 90 delegates met and formed a temporary organization, and one month later a permanent association with thirty members. Lack of interest is given as the reason why other firms did not come into the agreement at that time. Later, the number of members increased until in 1914 it had reached a total of 41. The employees of three firms joined in 1915, and in addition the employees of 21 theaters and motion-picture houses were admitted, thus making the total number of members 65.

Form of Organization.

The executive control of the Association is vested in officers elected at large from all of these employees who form the body or membership of the Association. The money collected from all of the factories is pooled together into one fund, controlled by the central association. This is different from the Hartford plan in that the money is under the control of a central body and not under individual factory units. The employees of any concern who make a contribution to the central fund become members of the Association. The employers are under no agreement to contribute an amount equal to that contributed by their employees, but many of them do contribute, some of them in generous amounts. A further departure from the Hartford plan is that part of the funds are raised by entertainments, baseball games, etc.

Plan of Administration.

The object of the Association is to care for employees or their dependents who may have contracted tuberculosis. If the worker in a firm whose employees have joined the Association contracts tuberculosis, he is entitled to the assistance of the Association, whether he has contributed to the fund or not. The outside workers (salesmen, etc.) are not included, a plan which prevails also in Hartford. There is nothing in the constitution fixing a minimum number of employees or a minimum amount to be contributed

before one may become a member. It is preferred that a patient go to a sanatorium for treatment, but if he is under medical supervision at home, the Association will pay the bills for doctor, food, and supplies up to the limit of $4 per week, upon the recommendation of the New Haven Visiting Nursing Association, which actively co-operates with the Fund. Examinations are also made without cost to the patient at the free clinic of the Visiting Nursing Association. No money is given directly to the patient and no relief is given directly to his family while he is in a sanatorium, but where necessary this is secured by the central committee from other charitable organizations. Upon the return of a patient from the sanatorium, an effort is made to find suitable employment for him, preferably light outdoor work, if he cannot resume his former employment.

If a man leaves the employment of a concern, the employees of which belong to the Association, through no fault of his own, and develops tuberculosis previous to his finding a new position, he is entitled to the benefits of the fund because of his previous position. He can continue his membership by paying $1.00 a year.

No time limit is placed upon the stay of a member in a sanatorium. The Association has had patients in sanatoria for over two years.

Committee in Each Factory.

There is a committee in each factory or store, which has charge of the local collection of funds and assists the tuberculous patients. In selecting the committee-members among each group of employees an attempt is made to choose men with the knowledge and approval of the employers, so that they will not be criticised for apparent neglect of duty and for being in departments where they have otherwise no legitimate business.

Field Secretary Employed.

The Association also employs a field secretary who spends two days a week in an effort to scure new members for the Association and to keep up interest. An annual solicitation of funds is made. In some factories money is raised by subscription, and in others by the employees agreeing to pay a certain amount each week throughout the year. The Association tries to secure one dollar a year from each employee, but no records are kept of individual amounts contributed.

Co-operation with Nursing Association.

The close co-operation which the Employees Relief Association secures from the New Haven Visiting Nursing Association is of great value. Many of the tuberculous patients are discovered in the first instance by a nurse. In nearly all cases the Visiting Nursing Association prepares them for the sanatorium and so far as possible follows them up upon their return to work. The first report of the Relief Association, covering the period from June 28, 1912, to January 1, 1913, says of this work of the Nursing Association:

"A working agreement was formulated with the Visiting Nurse Association, in which it was provided that the nurses should be given authority as representatives of this Association and furnished with the names of the members of the Relief Committees and the names of Association patients to be sent to sanatoriums.

"The nurses agreed to prepare Association patients for removal; to direct disinfecting and make examinations of other members of the patients' families to determine if other cases of tuberculosis existed therein; to report to the Association the names of all patients found who are entitled to benefits; to take charge of the expenditure of benefit funds when a patient is, for good reasons, allowed to remain at home; to assist in home nursing and supply housekeeper, if needed; to keep in touch with Association patients after they are discharged from the sanatoriums, taking their temperature, weight, etc., and watching for relapses; to purchase and supervise the use of eggs, milk, and other necessary nourishment for Association patients when so requested.

"The plan, after a trial of about four months, has proved a satisfactory and wise one. Each case reported has been turned over to the nurses in accordance with the agreement, and several cases of tuberculosis have been found among fellow employees that, except for the vigilance of the nurses, probably would not have come to the knowledge of the Association."

Value of Work Expressed by Employees.

No better statement of the work being done by the Employees Tuberculosis Relief Association of New Haven and no more appreciative expression of its value can be given than the following copy of a circular of appeal sent out by the employees of one of the contributing firms to their fellow-workers:

"About a year ago, we asked for contributions for this Association. The responses were generous, and the——Company added a large check which brought our total collection up to $3,012.75.

"In return for this, the Association has within the year assisted about forty employees or dependent relatives of employees of the——Company.

"There can be no doubt, we are sure, in the minds of any that it is to the advantage of every one of us that proper care be given those that are unfortunate enough to be afflicted with tuberculosis, and the relief that the help of this Association means to the sufferers and their families is beyond calculation.

"We shall be glad to have you put in the enclosed envelope whatever amount you feel you can contribute to this cause; seal and hand the envelope to your foreman, who will see that it is turned over to the committee. Please hand in the envelope whether you contribute or not, so that we will know when all are in.

"IMPORTANT: No one is compelled to contribute, but each year we are helping an increased number of people, and we hope, therefore, that all will respond generously.

"We believe that an average contribution of 50 cents per employee will enable us to carry on this work for another year; but as there are many that, for one reason or another, will not be able to give this amount, we hope those that can do so will subscribe larger sums.

"We should like to report on November 15th, and request that all envelopes be turned in before that date."

Financial Statement.

Table III (see Appendix, following page 49) shows in detail the receipts and disbursements of the New Haven Association from June 28, 1912 to December 31, 1914. A summary of this table gives the following results of the work from the time it was organized to the close of the year 1914:

SUMMARY OF RECEIPTS, EXPENDITURES AND NUMBER OF CASES AIDED BY THE NEW HAVEN ASSOCIATION

	June 28 to Dec. 31, 1912	*Jan. 1 to Dec. 31, 1913*	*Jan. 1 to Dec. 31, 1914*
Average estimated number of employees*	17,515	20,286	20,804
Amount contributed by employees	$3,754.28	$5,286.91	$3,812.20
Amount contributed by employers	$3,750.25	$2,946.80	$1,002.35†
Average contributions per employee	$.214	$.211	$.183
Total number of cases cared for	43	74	69
Total number of dependents cared for	3	21	29
Amount expended	$1,151.62	$7,167.27	$8,289.26

In addition to these figures, the following statistics for the year 1915 have recently been issued in the annual report:

PATIENTS UNDER TREATMENT 1915

	1914	1915
Patients under treatment Jan. 1	38	47
New patients received	67	58
Old patients returned for further treatment	..	6
Total number treated	105	111
Discharged with disease apparently arrested	11	18
Discharged as much improved	24	24
Discharged for insubordination	3	4
Died	20	17
Remaining under treatment December 31	47	48
Total number treated	105	111

THE MERIDEN PLAN

An additional number of variations from the parent Hartford plan and also from the New Haven Association are found in a somewhat similar development in Meriden. The chief difference which the Meriden plan presents as contrasted with the other organizations is in its broader scope, which is evidenced by its looseness of control and administration. Here the movement has developed into a city-wide association, with everyone eligible for admission and for relief, somewhat along lines originally proposed at Hartford in 1907, but abandoned when the unit system came into vogue.

Central Labor Union Originates Movement.

The organized movement against tuberculosis in Meriden originated with the Central Labor Union. For the purpose of discussing plans of organization, a public meeting was called by prominent labor leaders on June 12, 1907. A committee of citizens was appointed to collect money to start a Working Men's Free Bed Fund similar to the one in Hartford, and on November 15, 1907, the Meriden Anti-Tuberculosis Association was organized. Contributions were solicited from factory workers, storekeepers, manufacturers, clerks and the general public. The sum of $4,012.81 was collected in this way. Since its formation, the organization

* This does not refer to the number of contributors, but to the total number of working men employed in the factories, stores, etc., which united in the work of the Association.

† One concern contributed $1,200 on January 1, 1915.

in charge of the work has been variously known as the Meriden Anti-Tuberculous Association, the Undercliff Association, the Meriden Tuberculosis Relief Association and at present as the Meriden Public Health Association.

Need for Hospitals Recognized.

At the beginning of the work in 1907 incipient cases were either sent to a sanatorium or cared for at home, but it soon developed that there was no suitable place to send the advanced cases. An old homestead was accordingly purchased and remodeled into a hospital which was opened in 1908. In 1910 this institution was taken over by the state, to become the first of four state hospitals, since erected and now conducted by the State Tuberculosis Commission.

Amount of Funds Collected.

As will be inferred from the preceding paragraphs, there was no attempt to make the association one particularly of employers and employees, and therefore the funds used were collected from the general public. Anyone might contribute in any amount or become a member, but membership dues in the Association were fixed at $2.50 a year. Many employees now give five cents a week, which is taken from their pay-envelopes and turned over to the treasurer of the Association. The following statement shows the receipts of the Association in its earlier years:

RECEIPTS OF MERIDEN ASSOCIATION FOR FIRST TWO YEARS

Free Bed Fund		$4,012.81
For a sanatorium:		
Contributions	$2,131.81	
Town appropriation	500.00	
Tag Day	3,000.00	
Ball game	142.67	
		$5,774.48
Contributions since sanatorium was built		823.22
Red Cross Seal sale		480.00
Carnival		9,515.59
Total cash contributions up to Nov. 17, 1909		$20,606.10

The scheme of collecting an assessment of five cents was put into effect on November 20, 1912, and $3,949.85 was collected from about 2,000 workmen in 29 establishments between that date and October 30, 1913. The amount collected from annual pledges during the same period was $2,371.45 and other minor receipts brought the total to $6,653.77. From November 1, 1913, to October 31, 1914, the amount collected in weekly pledges was $3,344.92 from 27 of the 29 concerns whose employees had previously contributed. Annual pledges yielded $973.03 during the same period, making a total of $4,316.95. A balance of $1,907.26 and other receipts brought the grand total to $7,243.27.

Broad Plan of Relief Work.

In Meriden the plan of having employers give an equal amount to that of their employees is not in operation. While some of the employers

contribute to the fund, their participation is not so general as in Hartford and New Haven. The object of this fund is to help any worthy resident of Meriden by paying $4 a week for his maintenance in a hospital or sanatorium. Any resident of the city is entitled to the benefits of the fund. He need not be a member of the Association nor even a contributor to its fund, a radical point of departure from the Hartford plan and even from the New Haven one. As will be seen by the constitution (see Appendix p. 59) the Association also assists certain needy persons, afflicted with other diseases than tuberculosis and even accident cases. Sometimes a patient who remains at home under medical supervision is given the benefits of the fund, but no assistance is given directly to the family from the fund. To such a patient, the Association will give orders for food and supplies and medicine to the extent of $4 per week. Needy families of patients, who are in tuberculosis sanatoria, are taken care of by various philanthropic and charitable organizations of the city. The Association is not bound by hard-and-fast rules, but judges each case on its individual merits and need. For instance, the Association paid the traveling expenses of one member who wished to return to Italy, but with that their responsibility ceased. The Association favors sanatorium care as the best method of treatment.

Visiting Nurse Employed.

The Association employs a nurse who visits patients in their homes and secures for needy families assistance from various charitable organizations of the city. She assists also in preparing patients for the hospital and follows them up on their return to work.

Cost of Sanatorium Care.

Fifty-five out of a total of 104 were given sanatorium care during the year 1912–1913, 39 of whom were maintained by the Association at a cost of $2,802.71. The per capita expenditure for the treatment of the 39 patients was $72.12. Thirty-eight out of a total of 58 treated in sanatoria and hospitals during the following year had their maintenance paid by the Association at a cost of $3,057.04, the per capita expenditure being $80.44. At a weekly cost per capita of $4, an average of 18 weeks, treatment was given each case during the former year, and 20 weeks during the latter (see Table VI in Appendix).

TABLE V

SUMMARY OF THE WORK DONE BY VISITING NURSE OF MERIDEN ANTI-TUBERCULOSIS ASSOCIATION.

FOR THE YEAR ENDING OCT. 31, 1913

Patients cared for during year	104
New cases	46
Deaths	16
Patients receiving sanatorium treatment	55
Association paying for	39
Patients receiving aid in their homes	18
Number of visits	3,841

FOR THE YEAR ENDING OCT. 31, 1914

Patients cared for during year	125
New cases	57
Deaths	20
Patients receiving sanatorium treatment	55
Number receiving hospital treatment	3
Association paying for	31
Tuberculous patients working some portion of the year	39
Patients receiving aid in their homes	11
Number of visits	3,817

SUMMARY OF THE THREE PLANS

In summarizing this chapter, it may be well to dwell particularly upon three considerations: First, the most important features of similarity and difference between the three plans tried in Hartford, New Haven and Meriden; second, the weak points in these schemes; and third, the relation of this movement to the workers and the state.

Points of Difference and Similarity.

On the first point, the Hartford plan is distinctly different from the others in that each factory or group * of two or three small factories is a unit operating under its own officers and dependent upon itself alone. In New Haven the distinctly different feature is the pooling of the interests of the employees of all of the concerns into one fund. This would appear to have two advantages, first, that the small establishment has the same chance and relative risk as the large one, and second, that by having a central fund a field worker can be employed and a more or less continuous campaign of education can be carried on. This latter advantage is exemplified also in the nurse of the Meriden Association. In Meriden, on the other hand, the distinctive feature of the organization is its community aspect. While it is essentially, because of the industrial character of the city, an association of workers, it is in organization very little different from almost any other anti-tuberculosis or public health association in a city of the same size.

One commendable point of similarity should be noted in all of the associations, namely, the lack of red tape and the ease with which the officers can adjust their relief to almost any case of need. Another commendable similarity is the manner in which all of them co-operate with other existing social and public health agencies and with the other anti-tuberculosis agencies of the state.

Points of Weakness.

Two points of weakness may be pointed out in all of the various plans discussed in this chapter: first, the lack of machinery to discover early cases of tuberculosis, and second, the lack of continuity of effort.

*While the Hartford plan provides for the union of two or more plants to make a minimum unit of 500 employees, no record of such unions has been discovered.

One of the lessons industry is learning in these days is that it pays to repair the waste in health, as in machinery, before the breaks become serious. To do this, medical inspection at periodic intervals is finding a place in industrial concerns in all parts of the country. Such a plan of medical inspection in which the worker has no part, except the passive one of recipient of examination, will not accomplish best results. A proper scheme for the organization of workers in the prevention of tuberculosis should include systematic medical examination of all employees. In this respect the plans outlined in Hartford, New Haven and Meriden are weak. Some concerns in these cities have systems of medical examination, but none of the unit funds have adopted an avowed program with this end in view. Until the workers can control the spread of tuberculosis by early discovery of cases and by strict medical supervision of them, the menace of tuberculosis will continue.

The second point of weakness in these unit free bed funds is their lack of continuity of effort. In New Haven, where a field secretary is employed, and in Meriden, where a nurse is at work, there is some sort of continuous effort, but even in these cities the real preventive work of the free bed funds is lost sight of by most of the workers for the greater part of each year. This situation is more painfully manifest in cities like Hartford, where no full-time worker is employed. Some arrangements should be made by these funds to keep their work continuously before the workers, by lectures, exhibits, meetings, and more especially by regular programs of work, other than mere relief. This may mean the employment of a salaried executive or the closer affiliation with some association that can furnish the executive work. These groups are apparently too dependent exclusively on volunteer services. To remedy this defect, two things seem to be desirable: first, a more systematic and uniform method of collecting funds, and second, some continuous direction of the services of volunteers by a paid executive. A further discussion of some of these points in their relation to the entire study will be given in the concluding chapter.

The Worker and the State.

In discussing the third point of summary, the relation of the free bed fund movement to the workers and to the state, it should be borne in mind that Connecticut has four state hospitals, with a total capacity for about 600 patients. The law provides that a minimum charge of $4 per week shall be paid by the patient or someone else for treatment at a sanatorium, the deficit being made up by the state. In case the patient cannot pay this amount, he is admitted to the hospital only on the order of the proper poor authorities in the town or city where he has a legal residence, thus becoming a pauper charge upon the town or city which is paying for his maintenance.

A patient who can find no way of paying the $4 himself can receive treatment only by declaring himself to be a pauper. This naturally touches the pride of the working man as well as of any other self-respecting person. As many people who need treatment would refuse to accept it

on this basis, some provision for the payment of this $4 a week and additional aid seems necessary. The Tuberculosis Free Bed Fund meets this need, because it does not have a pauperizing effect upon a man to accept help from a fund to which he has contributed. It should be recalled that the money is raised among the employees by taking a collection or by circulating a subscription paper. Whether an employee has contributed to the fund is not considered when assistance is needed in any of the plans discussed here.

The question naturally asked, however, by the working man is, "Why join this movement when I belong to a sick benefit society?" The obvious answer is: "Use the money from the tuberculosis fund for your maintenance in the sanatorium and let the sick benefit fund go to your wife and children"; and again, "The length of stay necessary for treatment in the tuberculosis sanatorium is apt to exceed the time provision of the sick benefit society."

Interest Necessary for Success of Plan.

The experience in almost all Connecticut cities where the free bed fund plan has been tried out is, that wherever a group of workers and employers has maintained its interest and stimulated that of others, the movement has proven successful. Where the initial enthusiasm has waned, funds have lain idle which might have been well used, and little or no work has been done. One of the officers of the New Haven Association comments upon this point in the following interesting and pertinent way:

"The most important thing is to keep the employer and the employee sufficiently interested in the work so that contributions will be taken up regularly. Notwithstanding the great amount of time required to handle the routine business of an association of this sort, it is almost always possible to find some one that will take care of it; but when it comes to the proposition of keeping the interest from waning it takes somebody with more than ordinary personal magnetism, and with freedom of action and spare time that can be devoted to the work, beyond that which falls to the lot of most people likely to be connected with an association of this character. We have recently felt the necessity of assistance in holding firms already affiliated with us, and in inducing others to join, and to this end have taken the matter up with our Chamber of Commerce, believing that work of this sort is a matter of civic importance, and that they can, as a body, assist us greatly in our efforts to extend the usefulness of the Association."

CHAPTER II

Employers' Relief for Working Men

Contrasted with the Working Men's Free Bed Funds described in the preceding chapter there is a plan tried out chiefly in Worcester, Mass., for the assistance of wage-earners who develop tuberculosis, which has attracted considerable attention and which should be discussed in these pages. The chief feature of the plan may be briefly stated as follows: The heads of a number of prominent firms in Worcester have agreed, under certain conditions, to pay for the maintenance in a hospital of any one of their employees who might contract tuberculosis, for a period of three months, or in some cases longer.

History of Movement.

This movement had its origin in the Royal Worcester Corset Company in 1909, due to a suggestion made by Dr. M. G. Overlock, then State Inspector of Health. The following letter to Dr. Overlock, dated November 14, 1908, marked the beginning of the plan and is typical of the agreements which a number of employers have made from time to time:

DEAR SIR:

Referring to my conversation with you a few days since, I desire to say that should any of the employees of the Royal Worcester Corset Company be so unfortunate as to contract tuberculosis, our Company will pay their expenses at the Rutland Sanitarium.* for a period of three months, or longer, if necessary.

Yours very truly,
(Signed) DAVID H. FANNING,
President.

Under this scheme the entire burden of the care of the tuberculous employees is placed upon the employer, the workers themselves taking no part in the agreement except to receive the assistance. The success of the whole plan depends upon whether the individual employers care to bear the expense of sending their employees afflicted with tuberculosis to sanatoria. It should also be noted that the period of treatment is generally limited to three months.

The "Overlock Movement" Investigated.

For three or four years after this scheme was launched Dr. Overlock and the movement in general were widely heralded through the press, so much so that the work was given the popular name "Overlock Movement," and under Dr. Overlock's leadership a national association to spread the plan was formed. Because of the undue prominence given to this Worcester scheme in newspaper and magazine articles, and in order

* This is a state sanatorium for incipient cases.

to ascertain its true nature, in 1911 Dr. William C. Hanson, of the Massachusetts State Board of Health, was assigned to make an exhaustive study of the plan and its workings for the three years of its existence. (Dr. Hanson's report is published in Bulletin 96 of the Bureau of Labor, U. S. Department of Commerce and Labor.*) The following extracts from this study are sufficient to give an idea of the "Overlock Movement," and how it works:

"Owing to the recent educational campaign relative to tuberculosis, many of the Massachusetts manufacturers have been led to take some action to prevent the further spread of the disease. The first firm in the state to take up the work, in a manner following educational campaign lines introduced outside of industrial establishments was a small shoe company in Oxford. In 1906 this company became actively interested in the question of the prevalence of tuberculosis among its employees. In the spring of 1906 the company distributed a circular among its employees which told in simple language the contagious nature of the disease, the manner of its spread, and the steps that must be taken in order to avoid infection. This circular urged all employees who had a cough to be examined by a physician and to send their sputum for examination to the State Board of Health. It ended with the following statement: This firm hopes that it will be notified of any case of consumption occurring among the employees or their families. If anyone now in the employ of —— Company has the disease or contracts it and secures admission this year to the State Sanatorium at Rutland. the firm will agree to pay his or her board there for three months.

"With this precedent, the State Inspector of Health of the Worcester district, in the latter part of 1908, secured written statements from several firms to the effect that, in case any employee was found ill with tuberculosis, the firm would pay the expenses of said employee for a period of three months or longer in the state sanatorium at Rutland or in some other sanatorium. The first statement was secured November 14. * * *

"Since that time other firms, at the solicitation of the Inspector, made similar statements in writing, so that up to April, 1911, signed letters representing 34 industrial establishments in Worcester County had been received at the office of the State Board of Health from the Inspector of Health in the Worcester district.

Attitude of Employers.

"It will be seen from the above statements that the manufacturers who have identified themselves with the so-called tuberculosis movement have put themselves on record as showing a willingness to assist to a certain extent persons who have become ill with tuberculosis while in their employ. Of the 34 manufacturers who have thus gone on record, 24 have limited the time for which they are to pay the patient's expenses to three

*"Attitude of Massachusetts Manufacturers Toward the Health of their Employees," by Wm. C. Hanson, M.D., Bulletin 96 of the Bureau of Labor, Department of Commerce and Labor, Washington, D. C., September, 1911.

months; 4 to three months or over; 1 to four months; whereas 5 did not specify the length of time. Fourteen of the manufacturers specified that the patients should go to the state sanatorium at Rutland, while 20 specified the Rutland or any other institution. One manufacturer limited the offer to those employees who had worked for the firm for six months; 5 manufacturers to those who had worked for the firm for one year or over; 6 to those who had contracted the disease while in their employ; 3 to old employees, whereas 9 manufacturers made no qualifications.

"The largest number of persons employed in any one of the 34 establishments was 1,300; the smallest number, 32. The total number of employees in all the establishments is about 10,000; the total number of minors about 1,000.

"The results of the sanatorium treatment up to date, so far as submitted to the office of the State Board of Health, are as follows: Eleven firms have aided employees found ill with tuberculosis, either by paying their board in the State sanatorium at Rutland, or in some other sanatorium, in private homes, or by rendering financial aid in the employee's own home.

"Twenty-seven employees in all have been aided as follows: One employee in each of four establishments; two employees in each of five establishments; four employees in one establishment; and nine employees in another establishment.

"Interviews with a number of the manufacturers who signed the so-called agreement were of interest. On the whole, it was found that the manufacturers did not consider their letter to the State Inspector of Health to be literally an agreement. As stated by an employer of several hundred persons they simply put themselves on record as showing a willingness to assist to a reasonable extent any worthy employee who has been with them for some time and becomes ill with tuberculosis while in their employ.

"Many of the manufacturers who wrote letters did not consider them as binding contracts. In other words, it was not the intention of the most of the manufacturers to deal indiscriminately with their employees. Now, then, the helping of a deserving, unfortunate employee discovered ill with tuberculosis, while praiseworthy, is not going to be a great factor in the eradication of tuberculosis. What is of more importance to the community is the discovery of persons with incipient signs or symptoms of the disease. With this end in view, all the manufacturers who signed the so-called agreement were asked whether they would be willing to post notices in their factories urging the employees to be examined for the purpose of detecting early indications of the disease. Of the thirty-four firms only six expressed a willingness to post such notices. The other twenty-eight refused to do so. In fact, seven of the thirty-four firms said that they did not want it known among their employees that they had committed themselves to pay any part of the expenses of an employee found ill with the disease.

"In order to determine the attitude of manufacturers throughout the state to this Worcester movement, a great number of them were interviewed,

nearly all of whom opposed the adoption of such a policy. This opposition and failure to indorse the movement was not confined to any one class of manufacturers. Indeed, it was met with in some of the best establishments in the state, where a great deal of money is spent annually for welfare work.

"The argument advanced against the Worcester policy may be summarized as follows: The employer should pay his employees the best possible wages and provide for them the best sanitary conditions, both of which factors would result in mutual advantage. If an employee who has rendered faithful service for many years is unfortunate enough to be taken ill, most manufacturers recognize a moral responsibility and are ready to render assistance. A great number of manufacturers also assume responsibility in aiding employees who are accidentally injured at their work, but they cannot see why they should be held responsible for a disease which is perhaps contracted outside of the factory. Why should not the landlord of tenements, in which disease is often contracted, be held responsible? Why should not he be required to pay for his tenants who are taken ill with tuberculosis? Corporations are not adapted to such work, which, at best, is to be regarded as a charitable undertaking, and many employers feel that they want to do their charity work in their own way.

"To sum up, an agreement on the part of a manufacturer to help tuberculous employees can be of value from a standpoint of the general campaign against tuberculosis, provided it leads to the discovery of new cases. In order to detect new cases the employer must be willing to post notices to call attention to the disease and urge physical examinations. In most of the Worcester factories no examination of the employees was made following the so-called 'agreement.' Not even notices were posted to urge the employees to be examined in order to detect any early signs of tuberculosis. However, many of the manufacturers in Worcester County do not consider that their letters bind them to any contract, stating emphatically that it is not their intention to render aid to any of their employees, but that they will consider individual cases. This principle is, as we have seen, no different from that of a great number of Massachusetts manufacturers who provide the best practicable working conditions for their employees."

Movement Loses Force.

This report of Dr. Hanson has had the effect apparently of dampening the enthusiasm of the adherents of the "Overlock Movement," and since 1911 the so-called "movement" has become almost extinct. Sporadic reports still continue to emanate from Worcester as to the organization of a "National Employment Association for Cured Tuberculars," or similar associations, but as contrasted with the Connecticut plan described in the preceding chapter, the Worcester movement is of little more than historic interest.

Experience seems to show that the success of any plan which seeks to improve the health of working men depends just as much upon the aid and co-operation of labor as of the capital that employs it.

CHAPTER III

Labor Union Sanatoriums

Contrasted with the co-operative enterprise of the working men's free bed funds and the Worcester system, the forms of anti-tuberculosis activity developed in Albany, N. Y., and Brooklyn, N. Y., are significant. The movements dealt with in previous chapters have not had their genesis and development exclusively among the labor unions, but have been for all working men of certain groups, without regard to their union affiliations. Furthermore, the New England plans have been developed around the central thought of co-operation with existing tuberculosis sanatoria and hospitals. The Albany and Brooklyn plans, on the other hand, had their origin within the ranks of the labor unions and were primarily and originally conceived for the purpose of establishing independent sanatoria for tuberculous members.

THE ALBANY PLAN

The earlier of these two organizations was started in Albany, N. Y., in 1908, under the name of the "Central Federation of Labor Tuberculosis Pavilion." This movement was the direct outcome of an educational campaign conducted in Albany by the New York State Charities Aid Association early in that year.

Following the decision of the State Charities Aid Association to carry on a state-wide campaign for the suppression of tuberculosis, an inaugural meeting was held in Albany, on January 27, 1908, at which men of such prominence as Joseph H. Choate, Mr. Justice (then Governor) Charles E. Hughes, Dr. William H. Welsh and others participated. This meeting made a profound impression in Albany. It was followed during February by an intensive local campaign in which lectures were given, maps, charts and other data were exhibited, and a program of anti-tuberculosis work was outlined. Among the data exhibited was a map of the city on which pins indicated the location of deaths from tuberculosis during the previous eight years. There were 1,840 pins, and they plainly showed that the death toll was heaviest in the sections of the city where working men lived.

Labor Unions Become Interested.

As the first annual report of the Board of Managers of the Pavilion expresses it, "Immediately Labor was up and doing." Subsequent events leading to the start of a building fund are described in this report by Mr.

M. J. Sullivan, ex-President of the Albany Central Federation of Labor, as follows:

"The agitation of the State Charities Aid Association formed a sub-organization in Albany of a general committee of representative citizens, the purpose being to decrease the tuberculosis death rate, and to aid those who were infected to regain a healthy state, if possible. This general committee was divided into sub-committees.

"One of the most important is called the Committee on Publicity and Education. At the second meeting of the committee the chairman related how he noticed in Philadelphia that many of the hospitals were centrally located, thus enabling relatives and visitors to call on the sick. He said this was in striking contrast to the situation of tuberculosis sanatoria. It was a delicate hint for the establishment of something in this line in the immediate vicinity. Thus was the seed of the Labor Pavilion produced. Dr. MacFarlane came in later, not knowing of the bishop's remarks, said he knew a kind-hearted lady, the superintendent of the Home of the Incurables, on Kenwood Heights, and thought, if agreeable, he could prevail on her to permit the use of a small portion of the ground for one or two day camps. It was agreed that the doctor go ahead. And the seed was planted. That night, as we came down-town, Mr. Philip V. Danahy suggested that a recommendation be made to the Central Body, that a portion of the Labor Day proceeds be laid aside for the erection of a small shack. This was done and the seed was watered. Under the care of Mr. Danahy and the building committee, consisting of Messrs. McCabe, Gilmore, Mullen, Murray and Walsh it was sprouted, and, like 'Mr. Finney's turnip,' it grew and grew."

Money for the Pavilion Raised.

As the nucleus of the building fund, $500 was appropriated by the Central Federation of Labor from funds raised on Labor Day, and work on a pavilion to accommodate fourteen patients was started. On August 29, 1908, the pavilion was dedicated by Governor Hughes. A short time before this date, the Woman's Anti-Tuberculosis League had been organized as an auxiliary to the Unions to aid in raising money for the Pavilion, more especially for its equipment. Over 200 young women gave their services on Dedication Day, which was also known as "Labor's Tag Day."

The annual report thus describes this work of the women and the dedication exercises:

"Most people were still in bed Dedication Day when the Ladies' Auxiliary took their positions at the eighteen stations into which the city had been divided, and before many people had breakfasted, 10,000 celluloid buttons bearing a picture of the pavilion with the inscription ('Labor's Gift to Humanity. What is Yours?') had been distributed in return for contributions, and there was a clamor for more. But there were no more to be had. The young ladies then brought trunk tags and picture postals into use and continued to take in money all day.

"The Central Federation and the affiliated unions assembled at the Labor Temple at 2 o'clock and formed in line, headed by the group 'Spirit of 1908', to represent the famous painting 'Spirit of '76'. Following the drum corps came five figures representing workers, dressed in overalls and blouse, one bearing a white banner inscribed, 'Spirit of 1908. Drive Out the Great White Plague.' The procession marched to the State House, where the Governor was waiting, and escorted the Governor, and the State and city officials to the pavilion where the dedicatory exercises took place, in the presence of a large audience that had journeyed to the pavilion long before the procession arrived."

The efforts of the young women on Dedication Day resulted in the addition of $1,485.01 to the funds in the treasury. With the $500 from the Central Federation, and generous donations from the unions and others,

the building committee reported on October 31, 1908, total receipts of $4,676.70. The amount expended on the pavilion up to this time had been $3,154.14. With a further expenditure of $397.94 for expenses of "Tag Day," a balance of $1,124.62 was shown. This sum was subsequently spent on increasing the cooking, dining and storage facilities of the pavilion.

Treatment of Patients Begun.

While the Woman's Association was raising money for equipment and preparations were being made to receive patients, a nurse was employed and six tuberculous cases were at once taken for treatment. They were cared for in the Hospital for Incurables and in a tent on the grounds formerly belonging to the Pine Tree Camp Association. On December 17, 1908, the pavilion was opened for the reception of patients. Between that date and May 13, 1909, when the first report was issued, twenty-nine patients were cared for. Of these, ten were incipient cases, ten were moderately advanced, and nine far advanced cases.

Cost of Maintenance.

In regard to the cost of maintenance, the first report says:

"By taking the total amount of the expenditures of the Board, amounting to $2,276.83, and dividing it by 210, the total number of weeks of treatment at the pavilion, we find that the average cost per patient per week has been $10.84. This, of course, is not a fair basis to work from, as the amount expended includes expenditures for furnishings, repairs, etc. During the next six months a close account will be kept of the pavilion expenses, outside of improvements and furnishings, and it is felt that the maintenance fee of $7 per week will cover, or nearly so, the expense of maintenance."

Taking only the expenditures of $1,468.77 shown in the superintendent's report, however, which covers actual cost of the various accounts usually included in "Maintenance expense," the weekly cost per patient would be $7.34.

Methods of Raising Money.

Different methods of raising funds to maintain the pavilion have been employed since it was opened. The members of each labor union which has definitely joined in this movement for the prevention of tuberculosis are assessed one cent a week. (See Table VII, Appendix, page 51.) When one of the members of a labor union which has contributed for three months becomes sick with tuberculosis, he is taken care of in the pavilion free of charge.

Another Tag Day in 1910 was even more successful than the one in 1908, the sum of $2,126.45 being raised. That year for the first time the pavilion board was asked to take part in the Red Cross Christmas Seal Campaign and to share the proceeds, with the result that $245.50 was added to the treasury. Contributions from individuals who were interested in the success of the enterprise were also received from time to time.

Pavilion Not Restricted to Members.

From the first, the Pavilion was not restricted to union members, but was open to outsiders at a charge of $7 per week. This same rate was charged to members of labor unions who had not joined in the movement. While the pavilion was originally launched as a distinctly labor union enterprise, it has long since, indeed from the very beginning, become a community project. It is significant to note that from the opening of the pavilion to March 17, 1914, 129 patients were admitted, of whom only 30 were members of affiliated unions. These 30 members consisted of 29 men and one woman. Of the other 99 patients, 65 were men and 34 were women. Whether this small percentage of union patients is due to a lack of cases among the affiliated unions, or to an increase in other more desirable local facilities, or to a combination of both of these circumstances, can not be proven. It would appear, however, that the pavilion has not accomplished just what its founders had in mind.

THE BROOKLYN PLAN

Shortly after the establishment of the pavilion by the Albany labor unions, and growing to some extent out of the publicity incident to that movement, the Brooklyn Central Labor Union began an agitation for a sanatorium for its members.

The original plan of financing was much the same as that tried at Albany, that is, contributions of a penny a month for the tuberculosis fund from each of the 80,000 members of the Central Labor Union. A considerable sum was collected in this and other ways. With this money a site was purchased at Medford, on Long Island, not far from Brooklyn. When it was proposed, however, to erect a tuberculosis hospital on this property, the opposition of neighbors became so intense, resulting in legal action, that the project had to be abandoned. In the fall of 1908, the Central Labor Union offered the property at Medford to the Committee on the Prevention of Tuberculosis of the Brooklyn Bureau of Charities, which had recently started an active campaign. Before accepting this offer, the committee decided that the then state law of 1906, which forbade the erection of tuberculosis hospitals anywhere without consent of town boards, and which had prevented the Central Labor Union from building, must be amended. The Labor Union took an active campaign in the successful fight to amend this law. The first hospital to be established under the amended act was the Medford Sanatorium, on the site originally purchased by the Central Labor Union.

The Medford Sanatorium is incorporated, with representatives on its board from the labor unions, Brooklyn Tuberculosis Committee, and other groups. The Brooklyn Committee on the Prevention of Tuberculosis is responsible for the maintenance of the sanatorium, although ownership is vested in a separate corporation. The sanatorium is not

distinctly for union men. Anyone, man, woman or child, who is eligible clinically or financially, may be admitted without regard to union affiliation. The site consists of 70 acres of good land. At present there are accommodations for 35 patients. Since the opening of the sanatorium in August, 1913, there have been 99 patients treated at the sanatorium up to May 1, 1915.

For the fiscal year ending April 30, 1915, the Committee on the Prevention of Tuberculosis spent $7,569 in maintaining the sanatorium. The labor unions contributed generously to this fund, both in the Red Cross Seal Campaign and otherwise, but they have not had any systematic plan of giving. The original penny-a-month plan has long since been abandoned. A plan is now (March, 1916) being discussed, and will probably be carried through whereby more definite co-operation of the labor unions will be secured. Under this new plan, each constituent union will agree to send its tuberculous members who are eligible to the Medford Sanatorium and will pay a sum per week per patient equal to the cost of maintenance.

SUMMARY

With the rapid development of public institutions for the care of the tuberculous supported by city, county and state funds, the necessity for sanatoria supported by working men is waning. It is true that the number of beds for consumptives in certain parts of the United States is pitiably small, but the experience of the Albany and Brooklyn labor unions would seem to indicate that the constant burden of the cost of upkeep of an institution is too great a drain upon the slender resources of these groups alone. It would seem doubtful, furthermore, if a local sanatorium, exclusively for labor-union men, would be supported either in money or in attendance on the part of the sick. The large national sanatoria supported by such international organizations as the International Typographical and The Printing Pressmen and Assistants unions may be exclusive in limiting their admissions to members of these bodies, for various reasons, but it would seem as if local institutions were under the necessity of adopting a more liberal policy.

CHAPTER IV

Working Men's Anti-Tuberculosis Associations

A distinctly unique method of co-operation in the anti-tuberculosis campaign is that developed in Buffalo, N. Y., and Newark, N. J. In the former city a Trades Union Section of the Buffalo Association for the Relief and Control of Tuberculosis has been organized and in Newark as a recent development growing out of a similar section a separate Trades Union Anti-Tuberculosis Association has been formed. These organizations differ fundamentally from those previously studied in that they were organized primarily for education and secondarily for relief of afflicted members. Another distinguishing feature is that the Buffalo and Newark organizations confine their effort almost exclusively to the labor unions affiliated with them.

THE BUFFALO SECTION

The Trades Union Section of the Buffalo Association for the Relief and Control of Tuberculosis is an outgrowth of the interest in industrial problems of John R. Shillady, at that time (1910–1911) Executive Secretary of the local, parent anti-tuberculosis association, the Buffalo Association for the Relief and Control of Tuberculosis. Through personal contact with various labor leaders and presentation to them of the necessity for education within their own ranks, the heads of all of the unions in Buffalo were invited to attend a series of conferences. Out of these conferences grew the Trades Union Section, organized on February 19, 1911, as a sort of auxiliary to the regular Buffalo Association. The Section is to all intents and purposes a distinct organization with officers of its own, a constitution,* by-laws, etc., and set of working rules. Mr. Shillady was made the executive secretary of the section, thereby providing a salaried head at no cost to the Section and at the same time giving to the parent association an intimate contact with its offspring.

Purpose and Plans.

According to its first annual report, the Trades Union Section may be defined thus:

"1. It is an organization of trades unions, electing delegates to a central body for the purpose of doing everything in its power to prevent the spread of tuberculosis among the well, and to care for the sick among its own members.

* See Appendix, page 60.

"2. Through organized effort, and its affiliation with the parent association, it will work for more and better hospital facilities for the care of the sufferers, and for improved public health agencies of all kinds in city, country and state, and to arrange that its members have proper sanatorium treatment whenever possible.

"3. It will work for improved sanitary and hygienic conditions in factories and all places of employment.

"4. It will, through meetings, lectures, and printed matter, carry on an educational campaign among the organized workers of the city.

"5. It will collect information as to the financial burden caused organized labor because of tuberculosis.

"6. It will help to save human lives."

At the end of its first year of work, sixty-eight unions were members of the Section, which held regular meetings on one Sunday afternoon each month. Each of the affiliating unions has two delegates to represent it as working members of the section. The dues are ten cents a year for each member of affiliated unions. During its first year $682.60 in dues was collected in this way. Among the standing committees of the section, in addition to the Executive Committee are those on Membership, Care of the Sick, Hygiene and Sanitation in Places of Employment, Hospitals and Institutions, Education, Printing and Publicity, and Statistics. These committees will give some idea of the varied activities planned by the Section.

Work Accomplished.

The funds of the Section are devoted exclusively to trades-union work, chiefly educational in nature. All paid services, including relief work, are performed by the general, parent association, or other relief agencies. The Committee on Care of the Sick co-operates by visiting the sick, furnishing information and making recommendations. A copy of the blank used by this committee is reproduced in the Appendix. (See page 54.)

During the year 1912, when several legislative measures to improve the conditions under which employees work were being considered, the Section sent delegates to Albany to attend public hearings of the Legislature. The Section also went on record in 1912 as favoring a municipal tuberculosis hospital for advanced cases and took a prominent part in the campaign, which ended with the decision of the city to purchase a site and to build a general municipal hospital, of which the first building should be a pavilion for tuberculosis patients.

In July, 1913, the Section ran an excursion to the J. N. Adam Hospital, maintained by the city of Buffalo, to show the trades union, whether affiliated with the Section or not, what was being done for incipient cases of tuberculosis.

Another activity of the Section has been the collection of information by its Committee on Hygiene and Sanitation in Factories and Places of Employment. The form used in securing and reporting this information is reproduced in the Appendix. (See page 55.)

The Committee on Statistics has studied the cost of tuberculosis among a number of unions and has made some interesting observations.

For example, it was found that in one lodge of the machinists in three years, 17 cases of tuberculosis had been cared for, with a loss of 826 days to the men and four deaths. The union had paid out $548 in sick relief and $625 in funeral benefits for these cases. Similar observations were made for other unions.

More recently, however, the interest of the Section in anti-tuberculosis work has decreased, due, no doubt, to several causes. The passage of favorable legislation in Albany, such as the reorganization of the State Health Department, a general tuberculosis law of increased strength, some beneficial factory laws, etc., together with the decision of the Buffalo authorities to provide a larger number of beds for tuberculosis cases, have all made the Section feel that its interest could be limited hereafter to the general campaign of the parent Association. The result has been that while the Trades Union Section is still in existence, its committees are, for the most part, inactive. Contributions are still made to the Section and the Association, and some activities are continued by the Executive Secretary, under the direction of the Executive Committee of the Section.

THE NEWARK ASSOCIATION

As a frank imitation of the Buffalo Trades Union Section, Ernest D. Easton, executive secretary of the Newark Anti-Tuberculosis Association, in February, 1912, succeeded in organizing a similar section of his Association. For a year the organization continued as a section of the local association, but on April 6, 1913, the work was reorganized and a distinctly new and independent body was formed, known as the Trades Union Anti-Tuberculosis Association of Newark and Vicinity.

There are now thirty-six unions affiliated with the Association, having a joint membership of about 7,000. As in the Buffalo Section, membership in the Association is by unions, each union being entitled to two delegates. Provision is also made for honorary membership, which admits any one who pays dues of $1 a year. Each affiliated union contributes 35 cents annual dues per member. In addition, the Association holds an annual ball and occasionally collects funds in other ways to carry on its work. Altogether, about $4,000 a year is raised.

An indication of the various forms of activities in which the Association engages may be given by naming the standing committees provided for by the Constitution (see Appendix, page 60). These are: Executive Sick, Publicity, Education and Printing, Hygiene and Sanitation in Factories, Homes, and Workshops, Statistics on Deaths and Occupational Diseases, Membership and Agitation, Legislation, Pure Food and Milk, Hospital, and Union Store.

Relief Work.

Of these, one of the most active has been the Executive Sick Committee. As the name indicates, this committee has charge of the relief work of the

Association. A physician is employed who visits members of affiliated unions under the following rules and regulations:

"1. Any member of an affiliated organization wishing the services of the Association's physician must be in good standing in his or her organization.

"2. The affiliated organizations requesting the services of the physician for any of their members must be in good standing with the Association.

"3. Members desiring the services of the physician for tuberculosis, or any occupational disease, must first apply to their respective secretary, who must notify the secretary of the Association, who will order the physician to attend the case.

"4. The full name and address, including (if an apartment house) the floor on which the applicant lives, must accompany all requests for the physician.

"5. These rules must and will be strictly enforced, as the physician will not treat any person without an official order from the secretary of the Association."

It will be seen from the above that the work is restricted to the membership. In the course of the physician's work, however, other tuberculosis cases are found. This is shown by the physician's statement covering the period from April 1, 1914, to April 1, 1915, in which he notes 20 cases "not within our jurisdiction." The secretary of the Newark Anti-Tuberculosis Association, with which the Trades Union Association is closely affiliated, also reports that many such cases have been referred to him for attention.

Finances.

When the Association was first formed, on February 4, 1912, a physician was employed at a salary of $100 per year, and $1.00 per visit. His services cost $453 for the period ending April, 1913, and from that date until April 6, 1914, the date of the second annual report, he was paid $1,906. For the year 1914–15, he was paid a salary of $1,000 and the payments for each visit were discontinued. A detailed report concerning 214 cases under treatment during that year, which is included in the annual statement, shows that milk, eggs and drugs are furnished where necessary and that sanatorium care is provided wherever possible. In a recapitulation of work done from the date of organization to April 6, 1915, the following interesting facts are shown:

Receipts	$10,068.95	
Expenditures	9,522.47	
Visits made by the physician		522
Free orders for drugs		4,765
Free milk, quarts		16,410
Free eggs, dozens		2,909

The receipts for the fiscal year ending April 5, 1915, were $4,011.52, of which $2,103.82 came from dues of affiliated organizations, $1,573.95 from balls and benefits, and most of the remainder from donations and fines. The expenditures, amounting to $3,827.81, may be itemized as follows:

Drugs	$745.15
Milk	634.52
Eggs	452.07
Printing, postage and stationery	106.95
Advanced to Union store	89.12
Physician's services	1,800.00
	$3,827.81

The results of the year's work are summarized by Dr. I. E. Gluckman, the Association's physician, as follows:

Cases cured in last year	9
Cases arrested	5
Cases improved	24
Refused treatment	10
Not within our jurisdiction	20
Sent to Sanatoriums	15
Sent out of the city	2
Died	4
Calls made	472

As will be noted from the financial statements, no payments are made by the Association for the maintenance of patients in sanatoria or hospitals. Members are sent usually to a city, county or state institution. The different unions comprising the Association provide the outfit necessary for their members who are about to enter sanatoria, thus relieving the Central Association of this burden. While these members are unable to work, the unions also furnish certain forms of relief to their families. For instance, the Cigar Makers' Union give five dollars per week to the family and in addition pay the rent and buy the coal. The Trades Union or Central Association acts, therefore, mainly in a supplementary capacity, complementing the work of some of its individual affiliated unions and stimulating other unions to assume the burden of responsibility for the care of afflicted members.

SUMMARY

The two organizations in Buffalo and Newark, while differing slightly in their form, are substantially the same in purpose and method. Both have the same weaknesses, which are in essence identical with those pointed out for the Free Bed Funds (see page 25). They are weak in still another particular, the failure to enlist the support of employers. Just as the Worcester plan is weak in not recognizing the worker, so the plans in effect in Brooklyn and Buffalo are weak in not securing the support of the employer. The problem of better health for the working man will be solved only when both of these groups get together on a mutual program for the prevention of disease.

CHAPTER IV

Suggestions and Summary

It would seem presumptuous to suppose that the forms of co-operation of working men in the anti-tuberculosis campaign, outlined in the preceding chapters sum up all of the activities in this great public health movement of those who toil. The various plans described, however, are probably typical of the best lines of work that have been undertaken in the United States. The question naturally arises, "Which of these plans is the best?" or "Is there any one that is best under all conditions, or would a modification or adaptation of all of them be most desirable?"

The Ideal Plan.

To those who have studied carefully the problems of industry as it relates to individual and public health, the ideal form of co-operation would be an adaptation of the German or British health and sickness insurance plans to American experience. This logical method forces the state, the employer and the employee each to assume his proper share of responsibility in the prevention and control of infectious diseases. Our American democracy, however, will probably be slow in recognizing generally a form of handling the tuberculosis problem similar to the British and German systems.*

Alternative Plans

What alternative plans, therefore, are best to suggest? Before answering this question definitely, it would be well to analyze in the light of the experiences described in the preceding chapters the primary factors that enter into the most desirable forms of co-operation of working men in the anti-tuberculosis campaign. These factors may be stated briefly as follows: (1) provision for some form of organization; (2) provision for the collection of funds; (3) provision for the discovery of early cases; (4) provision for the administration of relief for needy cases; (5) provision for educational work; (6) provision for the collection and compilation of statistical material with reference to the prevalence of tuberculosis among working men; and (7) provision for united community or group action on legislative and other matters.

---

*An outline of a model Health Insurance Bill is given in the Appendix, p. 63.

Organization.

It would be difficult to lay down hard-and-fast rules concerning forms of organization. In general, however, some plan which allows for the co-operation of both working men and employers would seem to be most desirable. The Connecticut schemes would seem to meet this requirement from the point of view of collection of money, but they are most of them weak in that they lack community backing and support. Where, as in the case of the Meriden Association, such community support is given, the directness of the organization's purpose seems to have been lost, and the central organization becomes nothing more than an ordinary public-health or anti-tuberculosis society. The New Haven plan, where a salaried executive is employed and a central headquarters is maintained, would seem to meet the needs more nearly, but this plan is weak in that the organization represents only a part of the community and it can never stand in New Haven for the entire anti-tuberculosis work. Unfortunately, in that city there is no representative anti-tuberculosis society which would fulfill the function just indicated. In Hartford, on the other hand, there are two distinct organizations, at least in name, the regular Hartford Society for the Prevention of Tuberculosis and the Central Association representing the various united free bed funds. Preferable to any of these types of organization, would appear to be an adaptation of the Buffalo and Newark schemes. If the experience in organization of the Trades Union Associations in these two cities could be applied to the unit plan of Connecticut, as might readily be done, and if the entire centralized working men's organization could be directly under the control and supervision of the general community anti-tuberculosis association, as is done in Buffalo, a much more satisfactory type of organization would be established. The problem of the working man in reference to the tuberculosis campaign is only one of many problems and the trades unions do not in many cities represent a majority of the workers. The general, community organization or anti-tuberculosis society, which stands for the entire problem and for all groups of working men and women, should be the leader in the campaign in any city. The association of working men should be so centralized by the proper organization of its forces that it can be controlled and directed from the office of the anti-tuberculosis society. Without losing any of the desirable features of the Connecticut plan, this centralization could be modified to suit local conditions in almost any city of the United States.

Collection of Funds.

Taking up the first of these factors, the various types of organization which have been studied show a considerable diversion of experience in the collection of funds. There is the Connecticut Working Men's Free Bed Fund plan where the funds are collected by assessment, by voluntary contributions, through benefits and in other ways from employees, and where the employer frequently duplicates the joint con-

tributions of his men. There are the Albany and Brooklyn plans where the penny-a-month-per-man scheme from labor unions was set as the ideal scheme for raising funds. Then there are the Buffalo and Newark plans where a definite assessment of so much per month or per year is levied against certain unions and individual members of constituent unions. There is finally the Worcester plan where no one contributes except the employer and the employee has no voice whatever in the matter.

It would be hard to say which of these plans of collecting funds is the most desirable under all circumstances. The Worcester plan can probably be eliminated at once since it is one-sided and affords no opportunity for co-operation on the part of the working men themselves, a principle which would seem to be the *sine qua non* of proper organization in this direction The penny-a-man-a-month plan has not proven successful either in Brooklyn or in Albany The sum to be collected is probably too small to afford a fund of any considerable magnitude in most communities. It is, furthermore, so small that any centralized effort to collect the funds would cost more than the returns would be worth. The contribution plans adopted by the Buffalo and Newark organizations would seem to have considerable merit, but they lack in one great essential, namely, that they do not provide for that valuable element in any effective campaign against tuberculosis, the co-operation of the employer as well as of the employee. In the Newark and Buffalo plans, such contributions as are given by employers are of a very indefinite nature and are given indirectly to the funds of the central organization. In the Connecticut plans, however, such as those of Hartford, South Manchester and New Haven, the employer definitely agrees in certain instances to contribute a fixed amount equal to the contributions of his employees. The wholesomeness of this definite financial co-operation on the part of the employer in linking his interests with those of his men is manifest. Whether the scheme of assessment, in which a fixed amount is deducted weekly or monthly from the employees' wages, is preferable to a scheme of voluntary collections at stated intervals or whenever the money is needed, is a consideration which would have to be discussed in reference to each particular organization. Generally speaking, the plan of voluntary contributions seems to work most satisfactorily.

Discovery of Early Cases of Tuberculosis.

A fundamental weakness of all of the plans of co-operation discussed in the preceding chapters is that none of them makes provision for the discovery of early cases. In some instances, as in Newark or New Haven, a worker who suspects he has tuberculosis is given especial attention and urged to be examined, but in none of the organizations is such an examination made a condition of admission to the organizations or is it required at periodic intervals.

The opposition, either active or passive, of a group of workers can do more to thwart a well-meant attempt on the part of an employer to

secure satisfactory periodic medical examination than any other single factor. Conversely, the support of employees will help to make such examinations more efficient and more productive of good. These facts are fully borne out in the experience of such concerns as the International Harvester Company or Sears, Roebuck and Company of Chicago, where the mutual benefit agencies co-operate actively in the system of periodic medical examinations.

It has also been proven by the experience of these firms in Chicago and others elsewhere that a rightly conducted system of medical examination of employees is not inimical to the best interests of the workers. On the contrary, such a system enables the tuberculous working man to find out his plight before his chance of arrest is gone, and it enables the employer to adjust the tasks of the convalescent worker so that he will earn his livelihood even when handicaped by disease.

At the present time, systems of medical examinations are being imposed upon industry for the most part by employers without direct regard for their employees. If the working men and women of the country would insist on periodic medical examination from their employers as a right and a sound business policy, the burden of the care of advanced cases of consumption would be greatly lessened and the benefits to workers and employers would be multiplied in many other ways.

The logical way in which such a system should be installed is at the request of the working men themselves. Thus, such a scheme, looking toward the discovery and care of the early case, should be a part of the plan of organization of any society of workers in the anti-tuberculosis campaign.

Relief Work.

If there is one fact which stands out more plainly than any other in the study of the various types of organization presented in these pages it is this,—that the organizations of working men will more readily contribute of their funds and of their personal services for the purposes of relief of needy patients suffering with tuberculosis than for any other single need. It is true that funds may be collected for all sorts of purposes, but the experience of the organizations in Buffalo, Newark, Hartford, New Haven, Albany and Brooklyn, to say nothing of that in many other cities, has easily demonstrated that these organizations soon become relief-giving groups, whatever their object may have been originally. In Buffalo and Newark the fundamental aim of the organizations was education, but they have become practically nothing more than relief-giving committees. Such a development would appear to be obvious when one considers that the interest of the average working man in the tuberculosis problem, whether he be a member of a labor union or not, is secondary to many other interests. If he is a good union man he has to consider matters of hours of labor, wages and many other questions of a similar character before he can take up problems relating to the prevention

LANE MEDICAL LIBRARY
STANFORD UNIVERSITY
MEDICAL CENTER
STANFORD, CALIF. 94305

and treatment of tuberculosis He has, furthermore, his usual domestic and social problems which exact a great deal of his time and energy, to say nothing of his daily work which leaves him little strength and energy for service in the anti-tuberculosis campaign. The most appealing, and at the same time, probably the easiest line of attack on the tuberculosis problem which appeals to the working man is that of giving money or other aid to a brother who is in trouble. He feels that education and investigation require more time and more mental and physical energy than does the giving of relief. In emphasizing this factor in his organization, the working man is, therefore, following simply the lines of least resistance. In any attempt to capitalize the interest of working men in the anti-tuberculosis campaign, the leaders of the movement should recognize this fact.

Educational Work.

The discussion of those who have been associated with shops where the unit free-bed-fund system has been in vogue for several years is universally to the point that improvement of sanitray conditions has been very marked in recent years. Employees who were accustomed to spit on the floor at every occasion are now using cuspidors; lavatories and toilets which were previously filthy beyond description have been cleaned up by voluntary effort and co-operation of employees and employers; cards calling attention to the prevention of tuberculosis and other diseases have been posted in factories and workrooms; and numerous pamphlets and other documents have been distributed broadcast by the thousands and hundreds of thousands. This testimony is duplicated in every city where working men's organizations have had full sway for some time. There is no kind of education to which the working man will listen more readily than that which comes from his own fellow-workers and which is manifestly in his own interests. The man who contributes, however small a sum, for the prevention of tuberculosis and for his own needs against the disease is bound to take an interest on hearing of the certain well-known and easily applied sanitary measures which he should follow. The mere contribution, if it did nothing else, has an educational value, in that it gives the working man a stake in the campaign against tuberculosis.

The effect, furthermore, upon the employers in many factories has been most marked. It has been pointed out to these men and they have responded to the suggestion that clean and well-lighted shops and healthy employees are good financial investments.

Statistics.

The Buffalo organization has been one of the few that have attempted on any considerable scale to compile statistics with reference to the prevalence of tuberculosis among working men. Owing to the voluntary nature of the service employed and to the fact that no effort was made

to improve the collection of statistical material, the statistics collected by the Buffalo group are of little value. It would seem, however, that wherever an effective organization of working men is perfected, with proper direction, considerable contributions to the statistical data relating to tuberculosis among working men could be secured. It would take time and some money at the start to perfect the collection of this material, but after it had been fully explained and the scheme put into effect, the amount of money and service necessary would be minimized to a small sum. With the present lack of information concerning the true relations of tuberculosis to industry, the value of first-hand, accurate statistical data which could readily be secured by organizations of working men who were vitally interested in the subject is apparent to anyone.

Legislative Work.

Every anti-tuberculosis and public-health body should at certain times come before city or state legislative bodies with proposals relating to new laws or modification of old ones. The united support of a group of working men in projects of this character is of great value. The New York State Legislature at Albany has had occasion in the last eight or ten years to testify to the effectiveness of working men's organizations in the anti-tuberculosis campaign when bills relating to this movement have been before that body. With proper direction and supervision, working men's organizations can become a united community force and can be of great value in legislative activities and in many other ways.

Conclusion.

There are nearly 250 cities in the United States with a population of twenty-five thousand and over, most of them industrial centers. In addition, there are a large number of communities of smaller population where groups of working men, ranging from 500 to several thousand are congregated over a relatively small area. In communities of this sort, the anti-tuberculosis society that fails to utilize the organized efforts of the working men is missing a real opportunity. No matter whether a community is strongly unionized or not, with a tactful approach and a proper plan, the men and women in the mills and factories can be turned into a mighty source of influence in their community, both for the good of the general public health and for the benefit of the individual personal hygiene of the workers themselves.

Summarizing the facts in the experience of the various organizations mentioned in these pages, one might suggest a plan of co-operation which should have these features:

(a) An organization closely allied with that of the central anti-tuberculosis society, and directed by the latter organization.

(b) A plan of collection of funds which would bring contributions both from employees and from employers, either by means of periodic contributions of fixed amounts or of collections at stated intervals or when needed.

(c) A system of periodic medical examination so arranged that it would discover and control early cases of tuberculosis and other diseases, and that it would also provide for the suitable employment of the convalescent worker.

(d) A division of responsibility which would throw much of the care or relief of the tuberculous working men upon the shoulders of the special organizations of the men themselves. The actual relief might be administered through recognized relief channels such as the Charity Organization Society, Visiting Nurse Association, etc., but the burden of responsibility for this work should be upon the shoulders of the men themselves.

(e) The educational function of the organization of working men should be pressed home at every possible opportunity.

(f) The opportunity to collect statistical material should be recognized, and the working men themselves should be impressed through every possible means with the necessity and desirability of this type of co-operation.

(g) Utilization of the working men's organization for organized community effort such as legislation, etc., should not be overlooked.

A plan of co-operation which would embrace these features could be adapted to almost any industrial community in the United States. It would not, if properly worked out, decrease the support of the central anti-tuberculosis society, either financially or morally, but would tend to increase its influence. The problem of the working man in his relation to tuberculosis and health matters is one that demands careful attention. It is hoped that this study will help in the solution of the question.

APPENDIX

In the Appendix have been included tables, forms, constitutions and other material of a similar nature, to which reference has been made in the body of the pamphlet.

Table II (See Page 17).

TUBERCULOSIS FREE BED FUND ASSOCIATION OF CHENEY BROTHERS, OF MANCHESTER

Amount of Funds Raised and Number of Patients Treated, 1908 to 1914

Contributed by	1908	1909	1910	1911
Employees	$2,117.99	$1,320.41	$85.95	$1,145.70
Employers	2,059.04	1,169.96	86.22	1,145.70
Total	4,177.03	2,490.37	172.17	2,291.40
Paid out	1,684.25	2,632.40	1,648.85	(*)
Patients cared for	17	20	18	12

Contributed by	1912	1913	1914	Total
Employees	no collec.	$908.95	no collec.	$5,579.00
Employers	no collec.	908.95	no collec.	5,369.87
Total	.....	1,817.90	$3,019.24*	10,948.87
Paid out	(*)	(*)	.....	8,984.74
Patients cared for	13	10	8	98

* The sum of $3,019.24, under the year 1914, indicates the total spent for the four years 1911, 1912 1913 and 1914.

Table IV (See Page 22.)

MERIDEN PUBLIC HEALTH ASSOCIATION

Amounts Collected by Factories on Account of Weekly Pledges from the Beginning up to and including October 30, 1913.

Æolian Company	$60.40
E. A. Bliss Company	200.35
J. D. Bergen Company	22.90
Bradley and Hubbard Manufacturing Company	363.90
Conn. Trap Rock Quarries	15.85
Curtis-Way Company	14.00
Conn. Telephone & Electric Company	11.35
Cigar Makers' Union No. 484	7.10
International Silver Company:	
Factory A & R	112.55
Factory E	1,379.65
Factory H	294.65
Factory N	104.65
Factory T	76.65
Journal Publishing Company	11.55
Meriden Electric Light Company	18.60
Manning, Bowman & Company	179.35
Edw. Miller Company	185.50
Meriden Fire Arms Company	325.45
Morehouse Brothers Company	73.80
Meriden Brewing Company	53.50
Meriden Cutlery Company	32.10
J. J. Niland Company	13.30
Charles Parker Company	38.30
Record-Republican	32.10
Street and Water Departments	62.80
F. Wheeler & Son	15.75
Meriden Press & Drop Company	8.20
Wilcox & White Company	82.30
Joseph Underwood's collection at E. Miller & Company's	4.45
H. Wales Lines Company	14.70
Foster Merriam & Company	11.80
Handel Company	41.35
Miller Brothers Company	71.95
Total	$3,949.85

Table VI (See Page 22.)

TREASURER'S REPORT, MERIDEN PUBLIC HEALTH ASSOCIATION.

Year Ending October 31, 1913.

RECEIPTS.

November 20, 1912, balance on hand	$5.10
Weekly pledges, October 1, 1912, to date	3,949.85
Annual pledges, September 19, 1912, to date	2,371.45
Received for board of patients	249.00
Refunds	15.83
Sale of Red Cross Stamps	55.54
Special contribution	7.00
Total	$6,653.77

E FROM JUNE 28, 1912, TO DECEMBER 31, 1914.

No.		Amount Expended. 1912	1913	1914	Patients Still Receiving Assistance Dec. 31,'14.	No.	Remarks.
1	Manufa	.....	.....	$14.28	..	1	
2	"	.....	.....	.....	..	2	
3	"	.....	.....	.....	..	3	Withdrew. Lack of interest.
4	"	.....	$13.72	183.44	1	4	
5	Jobbers	.....	173.21	.....	..	5	
6	Depart	.....	.....	.....	..	6	
7	Manufa	.....	116.04	53.73	1	7	
8	"	.....	.....	.....	..	8	Company went out of business.
9	Depart	.....	.....	.....	..	9	
10	Fire D	.....	.....	54.84	..	10	
11	Depart	$82.85	43.42	.....	..	11	
12	Manuf	.....	.....	.....	..	12	Company in hands of Receiver.
13	"	.....	106.89	.....	..	13	
14	"	454.60	1348.91	1221.96	6	14	
15	Railroa	.....	66.85	.....	..	15	Withdrew. Lack of interest.
16	Manuf	97.72	463.53	480.75	3	16	
17	Printer	76.00	30.52	13.77	..	17	
18	Foundr	.....	.....	.....	..	18	Out of business.
19	Store .	.....	.....	.....	..	19	
20	Manuf	87.99	226.24	200.53	..	20	
21	Depart	.....	.....	117.69	1	21	
22	Manuf	.....	.....	202.27	1	22	
23	Packer	.....	.....	.....	..	23	Not interested.
24	Manuf	103.45	208.64	230.36	1	24	
25	Teleph	.....	182.92	.....	..	25	Withdrew. Lack of interest.
26	Manuf	123.29	1961.32	1620.23	5	26	
27	Packer	.....	131.48	51.44	..	27	
28	Manuf	248.65	449.07	242.16	1	28	
29	Printer	.....	.....	.....	..	29	
30	Manuf	277.07	1626.35	2602.37	12	30	Co. contrib. $1200. Rec'd Jan.1,
31	"	.....	.....	26.85	..	31	Joined in 1913 [1915.
32	"	.....	.....	21.72	..	32	" " "
33	"	.....	.....	.....	..	33	" " "
34	Depart	.....	.....	.....	..	34	" " "
35	Printer	.....	.....	.....	..	35	" " "
36	"	.....	.....	.....	..	36	" " "
37	"	.....	.....	.....	..	37	" " "
38	"	.....	.....	.....	..	38	" " "
39	Cigar M	.....	18.16	25.48	..	39	" " "
40	"	.....	.....	11.32	1	40	" " "
41	"	.....	.....	414.65	3	41	" " "
42	Store .	.....	.....	.....	..	42	" " "
43	Manuf	.....	.....	479.44	3	43	" " "
44	"	.....	.....	.....	..	44	" " "
45	Store .	.....	.....	.....	..	45	" " 1914
46	Manuf	.....	.....	19.98	..	46	" " "
47	Cigar I	.....	.....	.....	..	47	" " "
48	Store .	.....	.....	.....	..	48	" " "
	Tot	$1551.62	$7167.27	$8289.26	39		

EXPENDITURES.

Care of patients at Gaylord Farm Sanatorium	$1,059.81
Care of patients at Undercliff Sanatorium	1,259.19
Care of patients at Hartford Sanatorium	483.71
Provisions for patients	483.06
Nurse's salary	660.00
Nurse's expenses, trolley cars, office supplies, etc	99.60
Clothing for patients	43.83
Telephone	55.70
Transportation of patients	8.00
Printing circulars, when Association was organized	128.15
Physician's charges	45.50
Board of patients at home	88.50
Bedding for patients	12.50
Druggist bill	54.07
Sleeping porch for three patients	100.00
Office rent	90.00
Sundries	74.89
Balance on hand	1,907.26
Total	$6,653.77

Table VII (See Page 32).

CENTRAL FEDERATION OF LABOR TUBERCULOSIS PAVILION, ALBANY.

Contributions from Unions, 1910–1912.

	1910	1911	1912	Total
Musical Union No. 10	$45.00	.....	.....	$45.00
Electrotypers and Stereotypers No. 28	20.25	.....	$101.25	121.50
Carpenters No. 1446	10.00	.....	.....	10.00
Gas Meter Workers No. 1	17.50	$15.00	10.00	42.50
Cigarmakers No. 68	92.25	82.75	80.75	255.75
Painters No. 201	60.00	45.00	30.00	135.00
Livery Employees	15.00	.....	38.00	53.00
Lager Beer Brewers No. 15	44.25	43.00	42.50	129.75
Street Railway Employees No. 148	96.00	108.00	192.00	396.00
Polishers and Buffers No. 29	17.95	17.25	15.00	50.25
Barbers No. 106	32.50	97.50	.....	130.00
Hebrew Tailors	10.00	.....	.....	10.00
Bridge and Structural Iron Workers	22.50	.....	66.00	88.50
Retail Clerks No. 43	24.00	36.00	36.00	96.00
Beer Drivers No. 88	55.00	44.50	28.75	128.25
Ale and Porter Workers No. 129	.....	.....	60.00	60.00
Photo-Engravers	.....	.....	15.75	15.75
Typographical Union No. 4	315.00	180.00	135.00	630.00
Horseshoers No. 55	14.50	.....	14.50	29.00
Brewery Engineers and Firemen No. 274	23.75	15.00	15.00	53.75
Bricklayers, Masons, & Plasterers No. 6	120.00	.....	100.00	220.00
Iron Molders No. 8	55.00	60.00	60.00	175.00
Steam Engineers No. 106	10.00	30.00	30.00	70.00
Pattern Makers	10.00	.....	.....	10.00
Sheet Metal Workers No. 83	37.50	12.50	25.00	75.00
Carpenters No. 117	129.85	340.15	300.00	770.00
Granite Cutters	10.00	.....	.....	10.00
Journeymen Tailors No. 198	10.75	.....	.....	10.75
Marine Engineers No. 63	10.00	.....	.....	10.00
Machinists No. 426	25.00	20.00	.....	45.00
Bartenders No. 228	.....	157.00	138.50	295.50
Steam Fitters No. 45	.....	15.00	.....	15.00
Bookbinders No. 10	20.00	36.00	85.00	141.00
Mason Laborers No. 190	.....	25.00	.....	25.00
Carriage and Wagon Workers	35.00	35.00	.....	70.00
Totals	$1,388.55	$1,414.65	$1,619.00	$4,422.25

Collection Form Used by Tuberculosis Free Bed Fund Association of Cheney Bros. (*See Page 17.*)

Face of Card

.05 .10 .25 .50 $1.00 $2.00 $4.00 $5.00 $10.00 $25.00 $

Contribution No._____ **Date**_____

Name_____

Dep't._____

Contributions are to be taken only when needed or when treasury is reduced to $1,000.

I do hereby contribute the amount or amounts marked by X to the Tuberculosis Free Bed Fund Association of Cheney Brothers.

This card is to be signed by the Treasurer and returned to person making contribution.

This certifies that I have received the above amount

_____ ***Treasurer.***

Return this Card to Collector with or without Money. (Over)

Back of Card

CONSUMPTION CAN BE CURED.

THE FREE BED FUND ASSOCIATION OF CHENEY BROTHERS

Is a society formed to raise funds to aid persons in the employ of Cheney Brothers and their families who may be suffering from tuberculosis.

Cheney Brothers agree to contribute as much money as is raised by the society. Therefore, every dollar raised means two dollars, and every cent two cents.

The fund will be in the hands of employees of Cheney Brothers and expended for the benefit of the employees of Cheney Brothers and their families and for no one else.

More persons die from tuberculosis than any other disease. Tuberculosis is a preventable disease; the society will teach you how to prevent it.

Tuberculosis is a curable disease; the society hopes to save many lives, perhaps yours.

Tuberculosis is not an inherited disease, but a germ disease; the society will teach you how to avoid the germs.

If you are sick the society will not only help you to get well, but your family may also be helped while you are getting well.

The fund will not be used for one nation or religion more than another, nor will its use be confined to any Hospital Doctor, or kind of treatment. But it will try to fight tuberculosis in any way that comes to hand.

Be generous, give what you can to help save the lives of those who work with you.

Return this Card to Collector with or without Money. (Over)

Form used by Tuberculosis Free Bed Fund Association of Cheney Bros. in sending patient to physician for examination. (*See Page 17.*)

South Manchester, Conn., _____ 190

Doctor _____

Please examine _____
for Tuberculosis and render your report and bill for services to the person mentioned below.

Tuberculosis Free Bed Fund Association of Cheney Brothers

To Doctor _____ Dr.

To examining Mr.

Received payment, _____ 190

Dr. _____

DOCTOR'S REPORT.

_____ 190

On M _____

Please send this bill and report AT ONCE to

_____

_____ Street, South Manchester, Conn.

Form Used by Committee on Care of the Sick of the Buffalo Trades Union Section.
(See Page 37.)

TRADES UNION SECTION.
Committee on Care of the Sick.

Chairman.....

Name.....

Address.....

Member of Local.....

Physician.....

Diagnosis.....

Unable to work since.....

Receives sick benefit from.....of $.....

per week, which began.....and ends.....

Is insured for $.....in.....

.....

Premiums paid to (date).....

Is member in need?.....If so, please state family income.....

From what source?.....

Over

(Reverse of form.)

Visited by.....date.....

Visited by.....date.....

Visited by.....date.....

Recommendations of Committee.....

.....

.....

.....

Result.....

.....

Form Used by Committee on Hygiene and Sanitation of the Buffalo Trades Union Section. (See Page 37.)

TRADES UNION SECTION.

Committee on Hygiene and Sanitation in Factories and Places of Employment.

Chairman.....

Factory or Place of Employment.....

Address.....

How many employees, men.....women.....

Are individual lockers provided.....

Dressing rooms for each sex.....

How many floors occupied.....which.....

Are there other firms in building.....how many.....

Nature of work done.....

Is it dusty.....

Are there gases and fumes.....

What provision for removing dust.....

.....

For allowing gases and fumes to escape.....

.....

Are the work rooms well lighted.....

Are cuspidors provided and in sufficient quantity.....

Is there hot or cold water for washing.....

Towels.....roller or single.....

Are there toilets for each sex, properly lighted and ventilated.....

Are floors clean.....how swept or cleaned.....

How often scrubbed.....

Is temperature excessive.....(above 72).....

Are thermometers provided.....

Do workmen spit on the floor.....

Is there ventilation.....If not, why.....

How wide is stairway.....Is it wooden or metal.....

Are there fire escapes.....Accessible.....

In case of fire would access to the street be easy or difficult.....

Information furnished by.....Date.....

BY-LAWS

The Tuberculosis Free Bed Fund Association of Cheney Brothers of Manchester

(*See page* 17)

ARTICLE I

Section 1. *Name.* That the name of the Association be as voted at previous meetings, the Tuberculosis Free Bed Fund Association of Cheney Brothers of Manchester.

Section 2. *Purpose of the Association.* Its purpose shall be to prevent as far as possible the spread of the one disease, tuberculosis, and to help as far as our By-Laws shall permit, persons that are affected with the disease.

ARTICLE II

Section 1. *Election of Officers.* That the Association shall elect annually at its first meeting in January a Chairman, Secretary, Treasurer and an Executive Committee, that shall consist of eight persons, and these officers shall remain in office until their successors be duly elected and qualified and assume their respective officers.

Section 2. *Duties of Chairman.* The Chairman shall preside at all meetings of the Association. He shall appoint committees for various parts of the work which are not otherwise provided for. He shall call all regular and special meetings. He shall at the end of each year appoint three persons as auditors whose duty it shall be to audit the reports and accounts of the officers, and report at the first meeting in January of each year. He shall act with two other regular officers as an investigating committee on all applications for aid, and shall act with the Secretary and Treasurer in placing patients where they are to be treated, and see to it as far as possible that they receive proper treatment. He shall with two other of the regular officers employ one or more physicians, other than the regular physician of the patient, to examine all persons that apply for assistance from the Association, said persons already having been found to be affected with tuberculosis to a greater or less extent by some physician. When an application for aid is received, it shall be the duty of the Chairman to appoint a committee of at least two of the officers to act with that officer in investigating the case, and this committee shall report without delay, to the full board of officers, a meeting of which shall be called for that purpose. It shall then be the duty of the Chairman, Secretary and Treasurer to determine what assistance shall be extended to the patient. The Chairman shall sign all drafts drawn by the Secretary upon the Treasurer before the money is paid.

Section 3. *Duties of the Secretary.* This officer shall keep the minutes of the regular and special meetings and shall record the same in a book provided for that purpose, and shall give due notice of all such meetings. Shall act with the Chairman and Treasurer in deciding what assistance shall be given the patient and see to it as far as possible that they receive proper attention. Shall draw all drafts on the Treasurer for moneys expended, same to be signed by the Secretary and Chairman. Shall make out at the end of each year a report of all moneys paid out as per drafts drawn. Shall conduct the general correspondence of the Association, and perform all other duties, called upon to do, pertaining to that office.

Section 4. *Duties of the Treasurer.* He shall receive all funds of the Association and give receipt for same. He shall pay all orders drawn by the Secretary, and signed by the Chairman, and shall keep a true account of both moneys received and expended. He shall make out at the end of each year a true report of the amounts received and expended during the year, and the balance on hand, also report the number of persons who are on record as having contributed to the Association. He shall in the absence of the Chairman call and preside over all regular and special meetings, and shall assume all the duties of such officer. He shall act with the Chairman and Secretary in deciding what assistance shall be given, and in placing the patients where they are to be treated, and see to it as far as possible, that they receive proper attention. The Treasurer shall furnish a bond to the amount of Three Thousand Dollars ($3,000) and the cost of maintaining the bond be paid by the Association.

Section 5. *Duties of the Executive Committee.* They shall act with the other officers whenever called upon, and shall act with the Chairman, Secretary and Treasurer to appoint collectors. Shall if appointed by the Chairman act upon the committee of investigation, and shall at all times be on the alert to protect the organization and its members. They shall see to it that patients are properly taken care of as far as possible, and any complaints of neglect or improper treatment may be made to them, they to take action on same at once.

ARTICLE III

Section 1. *Regular Meetings.* Regular meetings shall be held quarterly and as near the first of the months of January, April, July and October as possible, and are to be called by the Chairman, due notice being given through the press one week previous to the meeting.

Section 2. *Special Meetings.* Special meetings shall be called by the Chairman whenever that officer or a majority of the officers shall see fit, and must be called by him upon a written request signed by fifteen employees.

Section 3. *Quorum.* A Quorum shall consist of fifteen persons for either regular or special meetings.

ARTICLE IV

Section 1. *The Accounts.* The accounts of the Association shall close December 31st of each year, and three persons shall be appointed by the Chairman as auditors, who shall carefully examine the written reports and accounts of the Secretary and Treasurer and surrender a written report signed by as many of the auditors as actually do audit these accounts, at the first meeting in January of each year.

Section 2. *The Funds.* The funds for the Association shall be raised by voluntary contributions of the employees, each person giving whatever they feel able, the same to be turned over to the Treasurer together with the name and amount of each contributor, and from the firm of Cheney Brothers who have agreed to pay into this Association a sum equal to that raised by their employees.

Section 3. *The Collectors.* The collectors that are appointed to make collections shall be appointed by the officers and they shall be allowed thirty days in which to make their returns to the Treasurer, who shall return to the various contributors, through the collectors, a receipt for the amount contributed by them. Receipt blanks will be furnished for the Treasurer's use.

ARTICLE V

Section 1. *Distribution.* All persons in the employ of Cheney Brothers shall be entitled to receive aid from this Association, providing they shall have been in the employ of said Cheney Brothers for at least ninety days (90) and do upon becoming afflicted with the disease make application for same.

Section 2. No person shall receive more than the equivalent of Six Dollars ($6.00) per week for treatment, which amount shall not include any assistance that may be necessary to be given to the patient's family, and both shall be left to the discretion of the officers.

Section 3. The assistance of this Association shall not be limited to persons who are actually employed by Cheney Brothers, but it may extend to the immediate family of the employee, such as the Father, Mother, Husband, Wife, Brother, Sister or Child, of said employee who is immediately dependent upon such employee. Said persons to receive the same benefit and under the same conditions as one actually employed by Cheney Brothers, provided they make application for same and shall reside in Manchester, at the time of being taken.

Section 4. All persons who are examined by a physician must pay such physician whether found to be diseased or not. If reported by such physician to be diseased it shall be the duty of the investigating committee, which is composed of the Chairman and two other of the regular officers, to engage a different physician to examine such person, said physician to be paid by this Association.

ARTICLE VI

Section 1. *Amendments.* The By-Laws may be revised or amended only by a two-thirds vote of the members present and voting at any regular or special meeting called for such purposes.

These By-Laws shall go into effect from date of adoption.

These By-Laws were adopted as a whole Friday, March 6, 1908.

Constitution and By-Laws of the Employees Tuberculosis Relief Association of New Haven, Conn.

(*See page* 18)

(CONSTITUTION)

ARTICLE I

Section 1. *Name.* This Association shall be known as the Employees' Tuberculosis Relief Association of New Haven, Conn.

ARTICLE II

Section 1. *Object.* The object of this Association shall be to enlighten the public as to the nature of tuberculosis, the means necessary for its prevention and to raise and direct the use of funds for the purpose of aiding those of its members afflicted with the disease, and those dependent upon them.

ARTICLE III

Section 1. *Membership.* The membership of this Association shall consist of employees of firms and corporations doing business in New Haven.

Section 2. Employees may become members of this Association by contributing to its general fund under the name of the firm or corporation where they are employed.

Section 3. Members shall be represented in the Association by delegates. Employees of each firm or corporation shall be entitled to one delegate and an additional delegate for each fifty dollars or fraction above contributed annually to the general fund of the Association.

(BY-LAWS)

ARTICLE I

Section 1. *Officers.* The officers of this Association shall be a President, Vice-President, Secretary and Treasurer.

ARTICLE II

Section 1. *Management.* The management of the Association shall be vested in a Board of Managers composed of the President, Vice-President, Secretary, Treasurer and five members of the Association.

Section 2. All officers and members of the Board of Managers shall be elected annually and hold office until the election and qualification of their several successors.

Section 3. The annual meeting for the election of officers shall be held in January, on such date as the Board of Managers may designate.

Section 4. Regular meetings of the Board of Managers shall be held monthly.

Section 5. An Auditing Committee shall be appointed by the Association at its annual meeting.

Section 6. The President shall preside at all meetings of the Association and of the Board of Managers, and shall perform all the duties usually appertaining to his office. He shall be a member *ex officio*, of all standing committees. He shall countersign all orders on the Treasurer drawn by the Secretary by direction of the Board of Managers, and it shall be his duty to see that the Treasurer is properly bonded.

Section 7. In the absence or inability of the President to act, the Vice-President shall perform his duties.

Section 8. The Secretary shall attend all meetings of the Association and Board of Managers, and shall keep the minutes thereof. He shall conduct the general correspondence of the Association, receive communications addressed thereto, and present the same to the proper committees, officers or meetings. He shall perform such other duties as may be required of him by the Association or its Board of Managers.

Section 9. The Treasurer shall keep the accounts, receive all funds of the Association, and deposit the same to the credit of the Association in such depository as may be designated by the Board of Managers. He shall pay all bills, when approved by the President or a majority of the Board of Managers. He shall keep book accounts of all receipts and expenditures which shall at all times be open to the inspection of the Board of Managers. He shall make a duly audited itemized report to the annual meeting. He shall give bonds for the faithful performance of his duties in such amounts and with such sureties as the Board of Managers may require.

ARTICLE III

Section 1. *Committees.* There shall be a relief committee in each firm or corporation whose employees are members of this Association.

Section 2. These committees shall consist of one, two or three members, who shall be chosen from the regularly accredited delegates to the Association.

Section 3. It shall be the duty of these committees to investigate and report upon all cases of tuberculosis in their respective institutions.

Section 4. All committees shall be subject to the control of the Board of Managers, who shall have the power to appoint such other committees as they deem necessary for carrying on the work of the Association.

ARTICLE IV

Section 1. *Benefits.* That there may be no discrimination, it is hereby established that the weekly aid to any person from the funds of the Association shall not exceed four dollars.

Section 2. As the purpose of this Association is the prevention of the spread of tuberculosis, as well as to aid fellow-workers, it is hereby established that no aid shall be extended unless the patient is under strict medical care, preferably in a sanatorium.

Section 3. This Association shall not obligate itself for the maintenance of patients, for an amount greater than the funds in its treasury.

ARTICLE V

Section 1. *Modifications and Amendments.* The foregoing Constitution and By-Laws may be modified, amended or altered by vote of two-thirds of the members present at any general meeting, provided that notice of such intended amendment or alteration is given at the time of calling the meeting.

Constitution of Public Health Association of Meriden, Inc.

(*See page 22*)

ARTICLE I

Title. This Association shall be called the Public Health Association of Meriden, Incorporated, and shall be composed of the persons whose names appear in the articles of incorporation and such persons as may hereafter be provided for.

ARTICLE II

Objects. The objects of this Association shall be the promotion of public health in Meriden by working for the prevention of tuberculosis and the care of persons afflicted with this disease in Meriden, and also to aid those members who, because of serious accident or illness, are in need of special hospital treatment, and, if necessary, to aid the families of such members as far as the funds will permit.

ARTICLE III

Membership. The members of this Association shall be those persons who have contributed such funds as entitle them to a membership card.

ARTICLE IV

Directors. The affairs of this Association shall be administered by a board of fifteen directors. They shall have power to fill any vacancies among their number which may occur during the year.

ARTICLE V

Officers. The officers of this Association shall be a President, a Vice-President, Secretary and Treasurer, who shall be chosen by the directors from their own number, and who shall constitute the Executive Committee of this Association.

ARTICLE VI

Meetings. The annual meeting of this Association shall be on the third Wednesday of November of each year, for reading of annual reports, the election of directors, and such other business as may properly come before it.

The regular meeting of the directors shall be on the first Wednesday of each month. Special meetings may be called by the President, or on the request of five directors.

Constitution of the Trades Union Section of the Buffalo Association for the Relief and Control of Tuberculosis

(*See page 37*)

Name. The name of this organization shall be the Trades-Union Section of the Buffalo Association for the Relief and Control of Tuberculosis.

Objects. The objects of this organization shall be to do all in its power to prevent the spread of tuberculosis; to make such arrangements as its resources and affiliations permit for the care and treatment of its members afflicted with this disease, and for the care of their families while they are undergoing treatment; to aid in the establishment by the state, county and city, of such facilities for the care of the patients and the control of the disease, as may be necessary or advisable; to report upon hygienic and sanitary conditions of shops, factories and other places where its members are employed and to endeavor to secure better ventilation and sanitation in all such places, and to do such other things as may tend to prevent tuberculosis in the well, and to secure proper treatment for the sick, especially among the organized wage earners of the city.

Membership. Each trades-union affiliating, shall elect two of its number to represent it as a member of this section, and an additional representative for each one hundred of membership in excess of the first one hundred.

Dues. The dues shall be ten cents per year for each member of every union affiliating to be collected by the representatives of the several unions, and by them transmitted to the secretary of the section who shall enter the amounts to the credit of the organization paying, and then to transmit the amounts to the Treasurer.

Officers. The members shall elect of their own number, at the first meeting held in the month of February in each year, a President, Vice-President and Secretary, and nine members who together with the President, Vice-President and Secretary shall constitute the executive committee. The fiscal year of the organization shall be from March first, to the last day of February. The officers shall perform the duties usually assumed by such officers.

Executive Committee. The Executive Committee shall have control of the expenditures, audit all bills and accounts, and have charge of the affairs of the section, subject at all times to the action and direction of the members as expressed upon proper motion at any regular or special meeting.

Standing Committee. The President shall appoint standing committees of not less than three each on, I—Membership; II—Care of the sick; III—Hygiene and sanitation of factories and places of employment; IV—Hospitals and institutions; V—Education, including printing and publicity; VI—Statistics, the chairman of which shall be selected from the membership of the Executive Committee. The Executive Secretary of the General Association shall be a member *ex-officio* of all committees.

Representatives. The members shall designate two of their number to represent this section on the Board of Directors of the General Association.

Meetings. Meetings shall be held at least once a month, excepting upon majority vote so electing, during the months of July and August.

Constitution of the Trades Union Anti-Tuberculosis Association of Newark and Vicinity

(*See page 39*)

NAME

This association shall be known as "The Trades Union Anti-Tuberculosis Association, of Newark, N. J., and Vicinity."

OBJECTS

The objects of this association shall be to do all in its power to prevent the spread of tuberculosis.

To make such arrangements as its resources and affiliations permit for the care and treatment of its members who are afflicted with this disease or any occupational disease.

To aid in the establishment by the State, county and city of such facilities for the care and treatment of the sufferers and the control of these diseases as may be necessary or advisable.

To report upon hygienic and sanitary conditions of shops, factories and other places where people are employed, and homes, and to secure better ventilation and sanitation

in all such places, and to do such other things as may tend to prevent tuberculosis in the well and to secure proper treatment for the sick among the members of the affiliated organizations.

MEMBERSHIP

Each organization affiliating with this association shall select two of their members as delegates to this association.

HONORARY MEMBERSHIP

Any person can become an honorary member of this association by the payment of an annual due of not less than one dollar ($1) in advance, and shall have the privilege of attending the meetings of the association.

DUES

Each organization affiliating with this association shall pay into the funds of this association the sum of thirty-five (35c.) cents per member per year, either monthly, quarterly, semi-annually or annually in advance, according to the laws of said affiliated organization.

District councils and central bodies shall pay five dollars for each one hundred delegates or fraction thereof, annually, in advance.

OFFICERS

The officers of this association shall be a president, vice-president, recording and corresponding secretary, financial secretary, a treasurer, a sergeant-at-arms, three trustees, a physician and seven members, who with the officers shall constitute the executive committee.

ELECTION OF OFFICERS

The election of the officers of this association shall be held annually at the regular meeting in March, and they shall take office on the first meeting of April and continue until their successors have been duly elected and assume their respective offices.

DUTIES OF THE PRESIDENT

It shall be the duty of the President to preside at all meetings of the association and the executive committee and to preserve order and to appoint all committees not otherwise provided for.

DUTIES OF THE VICE-PRESIDENT

The Vice-President shall assist the President in maintaining order and perform the duties of the President in his absence.

RECORDING AND CORRESPONDING SECRETARY

The Recording and Corresponding Secretary shall keep a correct account of all meetings of the association and the Executive Committee in a book provided for that purpose with marginal annotations. He shall receive all communications and bills and read them at the next meeting and answer them as per instructions of the association, and he shall keep a copy of all communications sent out by him, which he shall present to the association or Executive Committee on demand.

He shall receive all notices of sick from affiliated organizations, and upon receipt of same he shall on the same day notify the physician, and when he has received the physician's report, if necessary, he shall appoint a visiting sick committee and furnish them with the proper report postals, and on receipt of same he shall present them, together with the physician's report, to the Executive Sick Committee, of which committee he shall also be secretary.

He shall also keep a correct record of the attendance of all delegates and notify the affiliated organizations of the absentees.

He shall also keep a list of all committees as appointed and what they are appointed for and when they should report.

He shall perform such other duties as may be required of him.

FINANCIAL SECRETARY

The Financial Secretary shall receive all moneys due the association and keep a correct record of it in a book provided for that purpose, and he shall give his receipt for same; he shall also keep a correct record of all disbursements; he shall also issue a quarterly statement of all receipts and expenses. He shall, at the close of each meeting, pay to the Treasurer all moneys received by him, taking his receipt for same.

He shall also give a bond for $500, and for the faithful performance of his duties he shall receive the sum of $1.00, payable annually.

TREASURER

The Treasurer shall receive all moneys from the Financial Secretary, and give his receipt for same, and he shall keep a correct record of all receipts and expenses. He shall also pay all bills when ordered by the association or when ordered by the Board of Trustees.

He shall give a bond in the amount of $500, and for the faithful performance of his duties he shall receive the sum of $1.00 payable annually.

SERGEANT-AT-ARMS

The Sergeant-at-Arms shall assist the President to maintain order and have charge of the door and admit only delegates and honorary members or such others as may be ordered by the association.

TRUSTEES

The Trustees shall approve all bills and have general supervision of all personal property of the association, and perform such other duties as usually pertain to their respective office.

PHYSICIAN

The physician shall examine all cases referred to him by the Secretary of this association in regular form, and he shall report his findings to the Secretary immediately upon blank forms provided for that purpose. He shall use his best professional judgment in cases of emergency, and he shall only give treatment after the examination on orders from the Executive Sick Committee through the Secretary.

EXECUTIVE COMMITTEE

The Executive Committee shall have full charge of the business of the association between meetings, and they must submit the minutes of their meetings to the next meeting of the association for approval or amendment.

PENALTIES

Any delegate failing to attend meetings for three months, and not being excused, his local organization shall be notified and requested to send another in his place.

COMMITTEES

The President shall appoint the following committees of not less than three (3) each. 1. Publicity, Education and Printing. 2. Executive Sick. 3. Hygiene and Sanitation in Factories, Homes and Workshops. 4. Statistics on Death and Occupational Diseases. 5. Membership and Agitation. 6. Legislation. 7. Pure Food and Milk. 8. Hospital. 9. Union Store.

DUTIES OF COMMITTEES

Publicity, Education and Printing Committee shall have charge of the educational work of the association, also to keep the work of the association before the public through the papers and to have charge of all the printing for the association and its committees.

EXECUTIVE SICK COMMITTEE

The Executive Sick Committee shall have charge of the relief work of the association and it shall be their duty to fully investigate all cases who apply for aid and only extend relief where needed, and they shall report all cases as coming under their care monthly, and shall keep in close touch with the physician; they shall also use their best efforts to get all patients into some sanitarium.

HYGIENE AND SANITATION

The Hygiene and Sanitation Committee shall have charge of all hygiene and sanitary cases, and they shall use their best efforts to cause an investigation of any nuisance reported and have same abated.

STATISTICS ON DEATH AND OCCUPATIONAL DISEASES

This committee shall compile an annual report on deaths from tuberculosis and occupational diseases and make such other reports as may be of interest to the association and the affiliated organizations.

MEMBERSHIP AND AGITATION

This committee shall visit all labor organizations and such other societies of working men and women and urge affiliation; also to work in harmony with the Union Store Committee in agitating for the sale of union-made goods as sold by the association.

LEGISLATION

This committee shall watch all State, county and municipal legislation as it affects the public health and sanitary conditions; also to prepare laws and ordinances in keeping with the objects of this association, and use their best influence and efforts to have same passed by the different governing bodies of our jurisdiction.

PURE FOOD AND MILK

This committee shall work for a uniform milk ordinance regulating the sale and distribution of milk which shall demand the tuberculin test. They shall also cooperate with the different health boards in the enforcement of the pure food and drug laws of this State.

HOSPITAL

This committee shall watch the conditions of all hospitals and sanitaria in our jurisdiction, such as the management and the treatment of the patients and their condition in general. They shall make such reports and recommendations as they may deem advisable to the association that will help to make such hospitals and sanitaria what they should be.

UNION STORE

This committee shall have full charge of the Union Label Goods Store and use their best [illegible] make this a paying enterprise; and they shall make a full and detailed report to the association monthly of their transactions. All insurance and other policies shall be in the name of the Trustees, who shall have general supervision of all personal property of the association.

SPECIAL COMMITTEES

Special committees shall be appointed from time to time by proper motion or resolution at any meeting of the association or the Executive Committee, whose duties shall be defined by the motion or resolution.

RULES OF ORDER

Robert's Rules of Order shall be the guide for the proper conducting of the meetings of this association.

QUORUM

A quorum for the transaction of business shall consist of at least representation from one-sixth of the affiliated organizations.

A quorum for the Executive Committee shall consist of at least the representation of five affiliated organizations.

DISSOLUTION

This association shall not be dissolved so long as there are any affiliated organizations that wish to continue same.

MEETINGS

The regular monthly meetings shall be held on the first Sunday at 2 o'clock P. M., except during July and August, when by a majority vote same may be dispensed with.

ALTERING AND AMENDING THE CONSTITUTION

No amendment or alteration shall be made to this Constitution unless by a vote of three-fourths of the members voting at a regular meeting or at a meeting specially named for that purpose; and all amendments or alterations shall be submitted, in writing, at least one month previous to their being acted upon.

Outline of Model Health Insurance Bill Proposed by the American Association for Labor Legislation

(*See page 42*)

PERSONS INSURED

Insurance is required of all persons employed at manual labor and of all other employees earning less than $100 a month, with a few exceptions such as civil employees for whom adequate provision is made, and those for whom it would be difficult to organize insurance, as, for example, casual employees not employed for the purpose of the employer's trade or business. Voluntary insurance in the associations established by the act is open to self-employed persons earning less than $100 a month, and others.

BENEFITS

The benefits of the bill for those insured are first, medical aid, including medical, surgical, and nursing attendance, medicines and surgical supplies, beginning on the first day of illness and continuing, if necessary, through the twenty-six weeks of illness for which cash benefits may be paid. The second benefit—a cash benefit equal to two-thirds of wages—may be paid up to twenty-six weeks of disability in any one year, except for disability due to child-bearing. As an alternative to these two benefits hospital care may be provided. In this instance the cash benefit is reduced to one-third of wages, and is paid to the dependent members of the family. Finally, a funeral benefit of not more than $50 is provided.

COST

The cost of these benefit and their administration, normally amounting to about 3 per cent of wages, is to be borne two-fifths by the employer, two-fifths by the employee, and one-fifth by the state. The distribution of the cost means that the employer and workman each pay a little more than 1 per cent of wages toward this insurance. However, where the weekly wage is less than $9 a week the employer's share of the joint contribution is increased 10 per cent with each decrease of $1 in the weekly wage; and where the wage is less than $5 the contribution of the employer includes both his own and the employee's normal portion of the cost.

The contribution are to be so adjusted that they will cover the expense of benefits and the necessary payments into reserve and guarantee funds. As a result of this provision, the contributions will vary with the amount of sickness which must be cared for.

ADMINISTRATION

The collected contributions and the benefits are to be managed not by insurance companies run for profit, but by mutual health associations of employers and employees in which both are equally represented, an arrangement corresponding to the equal contributions for insurance. These associations may be organized according to trade or locality. Their management will be in the hands of a committee and a board of directors.

PLACE FOR VOLUNTARY INSURANCE

Within this system the fraternal, trade union, and establishment funds find an opportunity for their continued operation, since membership in these organizations may be substituted for insurance in a local health or trade health association. To make this possible, a society must meet certain conditions, and become "approved." Approval is granted if the society is not carried on for profit, if it is under the absolute control of its members (a special arrangement is made for establishment societies), if it is in a sound financial condition, if it offers the minimum benefits provided in the bill, if it has 500 members, and if its operation will not endanger the existence of the local health or trade health associations.

RESERVE AND GUARANTEE FUNDS

To assure financial stability each association is required to set aside one-twentieth of the annual income to form a reserve fund until the reserve equals one-sixth of the total expenditures for the preceding three years, and the association is also required to maintain the fund at this level.

In addition, a central guarantee fund, under the custodianship of the state treasurer, is to be accumulated through the reservation for this purpose of 10 per cent of the state contribution.

SOCIAL INSURANCE COMMISSION

Supervision over the associations and approved societies is to be exercised by a state social insurance commission consisting of three members appointed by the governor for a term of six years. This commission is to appoint a secretary and other officers who shall be in the competitive class of the classified civil service. Joined to the commission in an advisory capacity is the social insurance council composed of six employers and six employee directors of associations who have been elected by the boards of directors of the associations. Members of this council acting with one of the commissioners may act as a dispute committee for the hearing and the determination of disputes, with an appeal to the social insurance commission.

LANE MEDICAL LIBRARY

To avoid fine, this book should be returned on or before the date last stamped below.